OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

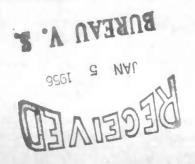
12284 CERTIFICATE OF DEATH

	Dist.	16	1	J	1
Reg.	Dist.	No.	06	7	4
Tropie	Diot.	TIO			100

517-11St. S.E.

Co.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Prince George MARYLAND	STATE Maryland COUNTY Prin	ce George
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town)  Y TOWN  Southlawn  (in this place)  7 Mon.	Town Southlawn	×
HOSPITAL OR	STREET (If rural give location)	7
INSTITUTION OR STREET ADDRESS 6504-Leyte Drive	ADDRESS 6504-Leyte Driv	•
•		Day) (Year)
DECEASED: (Type or Print) MICHAEL EDWARD AC'	TON OF DEATH: Dec. 2	7 19 55
Male White Whowed, Divorced. (Specify): Single May,	9. AGE last birthday Months 24-1955 7-Moners.	Pays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY:	Washington D. C.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mercer Sinclair Acton	Plantin Killstaures	
15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service)	Mercer S. Acton (Father)	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
571.0	rdiac arrest	Sudden
DUE TO .	Course	
ANTECEDENT CAUSE (S)	nined	-
GIVING RISE TO THE ABOVE CAUSE DUE TO	ninea	
STATING UNDERLYING CAUSE LAST.		- 11
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	t. diasela	3 days
DISEASE OR CONDITION CAUSING DEATH.	ious Marrha	13 aug 3.
198. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ctory, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
OF INJURY  OF INJURY	D   21F. HOW DID INJURY OCCUR?	1232
	22 40 55   Doc 22 40 55	10 10 10 10 10 10 10 10 10 10 10 10 10 1
22. I hereby certify that I attended the deceased from Dec.		
alive on Dec 26, 1955, and that death occurred at		
SIGNATURE THE Mugmon		TE SIGNED
M	. D	
REMOVAL (SPECIFY) 19-30-55 Roling	L-91+. 000 - 1-1	ingenie
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR PIN	LARDRESP & A
REGISTRAR 29.55 Carrie Campbell.	W.W. Chambers Go 517	THE WATER WITH



The bottom copy may be retained by the hospital or attending physician.

#### 12222 CERTIFICATE OF DEATH

Reg. Dist. No.

			_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
COUNTY PRINCE GEORGES				STATE D. C. COUNTY  CITY (If outside corporete limits, write RURAL and give neerest town)				
CITY (If outside corporeta limits, write RURAL OR and give nearest town)	(in this place)	CITY (If outside corpore	te limits, write RURAL and g	give neerest town)				
TOWN CHEVERLY		TOWN Washin	ngton	4-7-1				
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give to	cation)				
STREET ADDRESS 2601 Cheverly	Avenue	2916	7th. St. 1	N.E.				
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yeer)				
(Type or Print) WITTTTAM	TT	TDDTAIL	DEATH 1.9	70 - 55				
5. SEX   6. COLOR OR   7. SINGLE, MARI	RIED. 8. DATE	ALDRICH	T:D	→ 18 19 55  FUNDER 1 YEAR   IF UNDER 24 HRS				
RACE WIDOWED, D	IVORCED.			onths   Days   Hours   Min.				
Male White (Specify)Ma:	rried   1.	-19-75	80 yrs.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?				
Printer		MASS	AME	U.S.A.				
IJ. PAIREKS NAME		14. MOTHER 3 MAIDEN NA	AMIC .					
Charles Aldrich		Abigail (						
	6. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS Mary A	. Aldrich				
(Yes, no, or unk.) (If Yes, give wer or detes of service)		2916 7th.		Wash. D. C.				
	18. MEDICAL CE		Doe Mene	INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A			ONSET AND DEATH				
330 X IMMEDIATE CAUSE (A) CON	ehal Vascul	n alcoluse	en - 1	2/17/55				
ANTECEDENT CAUSE(S) DUE TO	// \ \	4 50						
DISEASES OR CONDITIONS, IF ANY. (B)	minalized C	vilene Schere	Dis	erears				
GIVING RISE TO THE ABOVE CAUSE DUE TO				0				
(C)				I islan.				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arbenson	an Demarine	seconday fo	certen volumes				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	0		20. AUTOPSY? YES NO				
	ne, farm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)				
WI	o. INJURY OCCURRED hila Not whila work et work	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the dece	mad from 12 7/4	10 mi2/	7/550	that I last saw the deceased				
alive on 121155, 19, and								
signature	d that death occurred a		uses and on the date ESS (Straat, city, town, st					
		177791	11. 8/1/	612/18/65				
	enuy Mo.	1 2 5 8 0	ucure yv	6 1 2 1/8/33				
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or	r county) (State)				
Burial   12-21-55	HALING-TOI	Y MATIONAL	HRLINGTO	IN, VA,				
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS				
DATE 12/21/55 / Emanela	1/2 unly	Francis Sto	3821	14th. St. N.W				
The total of the second of the	~		Washd	neton. D. C.				

## CERTIFICATE OF DEATH

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Dam	Dist.	At-	U	-
ReF.	I/ISI.	IN O		

1626 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY TOINER GEORGES MARYLAND	STATE Md. COUNTY Po. GEO. Cty.
COUNTY TIMES SEONCES MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
OR and give nearest town) (in this place)	OR A A A A
38 TOWN Cheverly, Md.	TOWN Cottage City Md.
HOSPITAL OR INSTITUTION OR	STREET / If rural give Acation)
TISTREET ADDRESS T. Gro. Gron. Hosp.	3710-4/st. A-LE,
S. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	QUISTE DEATH: DEC. 22 1955
S. SEX:   6. COLOR OR   7. SINGLE, MARRIED   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H
RACE: WIDOWED, DIVORCED. (Specify): M	20-02 53 yrs. Months Days Hours M
DA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH
work done during most of working life. OR INDUSTRY:	COUNTRY?
even if retired): Bank selly. Bank.	Virginia 4.5
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Sarretson	ducy beatty
. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS: 3710 41st an
(Yes, no, or unk.) (If Yes, give war or dates of service)	m-1-1-1
	VIO Journa . Migusto. Coltage City, Mc
18. MEDICAL CERTIFICAT	WILLIAM BEINE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
779.7	I lake a sud a land se
IMMEDIATE CAUSE  (A)  DUE TO	the concession of the or
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N.
Table OF OPERATION. Table MASON FINDINGS OF OPERATION	20. AUTOPSY
OCT. 16 1955 1	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While Not while at work at work	
22. I hereby certify that I attended the deceased from Q. A.	2 105° to hear 3.3 106° that I last any the James
alive on 12 -22. , 1955., and that death occurred at	
SIGNATURE	ADDRESS DATE SIGNED
	1.0.2717-381 he Colege Own led 12-128
23. BURNAL, CREMATION, DATE THEREOF NAME OF COMET	
REMOVAL (SPICIFY) /2-27-1960 THE	alm Your Dladensway and
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL/DIRECTOR 1 4 11 April 100
REGISTRAR	111 111 Chambers (00 Wools. 19.20)
10/24/0) while do proble	VI VIVIOITATION OF THE CONTRACTOR OF THE CONTRAC

MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE

Supply every item of information carefully.

VS. A15-

DEC 88 18E2

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2945. carefully legibly 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTERINCE Georges anyland COUNTY Truce (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) and (in this place) OR item of information TOWN Kacmer HOSPITAL OR STREET (If rural give location) clearly STREET ADDRESS 333 INSTITUTION OR **ADDRESS** (Middle) (Last) 3. NAME OF (Day) (Year) DECEASED OF (Type or Print) 1955 DEATH: COLOR OR 17 SINGLE, MARRIED 9. AGE last birthday IF UNDER ! YEAR WIDOWED, DIVORCED (Specify) married Months Hours Days every IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? Supply 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. (Yes. no. or unk.) (If Yes, give war or dates of service) UNFADING RESERVED DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES [ NO ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work OR 22. I hereby certify that I attended the deceased from July 1955, to 22. 7 ..., 1955, that I last saw the deceased and that death occurred at FR. M, from the causes and on the date stated above. alive on Dec. SIGNATURE ADDRESS DATE SIGNED SE 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) in glow rational Cers SIGNATURE DATE REC'D BY LOCAL

DEC 13 1322

BUREAU V. S.



BUREAU V. S.

DEC 83 1965

# DEPARTMENT OF HEALTH-BALTIMORE, 18

22()3 Dist.

#### CERTIFICATE No. 245 MEDICAL **EXAMINER'S** OF DEATH

The state of the s			
I. PLACE OF DEATH:	2. USUAL RESIDENCE	E (HOME) OF DECEASED:	
COUNTY Prince Georges MARYLAND	STATE Va.	COUNTY August	ta
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riverdale  LENGTH OF STAY (In this place) 2 Hrs.	CITY (If outside of OR TOWN Middl	corporate limits write RURAL	
HOSPITAL OR INSTITUTION OR Leland Memorial Hosp.	STREET ADDRESS	(If rural, give locati	ion)
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) William Carlyle B	eard	OF DEATH Dec.	2 19 55
5. SEX:   6. COLOR OR   7. SINGLE MARRIED,   8. DAT   WIDOWED, DIVORCED,   Single	E OF BIRTH: 19.	AGE last birthday: IF UNOS	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS ( work done during most of work life, even Tracked): Farmer Self	Va.	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIL	EN NAME:	
William E. Beard	Bulah East		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & A	DDRESS: 5114 U St.	, S. E.
(Yes, no, or unk.) (If Yes, give war or dates of NO. Service)  Unk.	Louis B. Clark		
	CAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION		INTERVAL BETWEEN
979X	2 1 2 1		ONSET AND DEATH
Immediate cause (a) Homen Mage	a should	······································	
Antecedent cause(s)	n sid	11.	
Diseases or conditions, If any, (b) Jacob author	1 R. tung a	nd liver -	
giving rise to the above cause DUE TO			
stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY?
			Yes No 🗎
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, effice bldg., et		(County)	(State)
CAUSE OF DEATH. INJURY 17 17 - 1R 14 C	K 120 Mor	lle - M-Ges:	Well
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f, HOW DID IN	JURY OCOUR?	
INJURY 12 -2 -5-5 6 · 10 M.   work   at work	somet	by II. R- wan	
22. I hereby certify that I took charge of the remains descr			
find that death resulted from: Natural causes [], Acc			
SIGNATURE		MEDICAL EXAMINER Y MEDICAL EXAMINER	DATE SIGNED
ohn . Malones Hyalbrell, Md	M. D. ASSIST	ANT MEDICAL EXAM.	12-2-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	or county) (State)
Burial (Specify): 12/4/55 New Prov. Chu		Raphine Rockbri	0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. VUNERAL DIRI	ECTOR 166 - M	ADDRESS
12/2/55 Mrs. Jas-Devere Mi	Jeanmon .	132s.	The part of the
	11	or act	in solver for

# BUREAU V. S.

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OF INJURY

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WRITE

TYPE

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OR

TOWN "

3. NAME OF

5. SEX:

DECEASED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 245 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Trume MARYLAND STATE COUNTY CITY(If outside corporate limits, write RURAL and give (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place) and give nearest town) OR TOWN muss. 9 toN HOSPITAL OF (If fural give location) STREET ADDRESS STREET ADDRESS (First) (Middle) (Last) (Day) DATE (Year) OF 65 Pi BOSS (Type or Print) DEATH 19 COLOR OR 17. 8. DATE SINGLE. MARRIED OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE: WIDOWED, DIVORCED. Months Hours (Specify): MARRIET 3 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: work done during most of working life. COUNTRY? even if retired): Aleustur USA . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. 8t (Yes, no, or unk.) (If Yes, give war or dates of service) MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 150 X remon atosus (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? lupphagus. NO V YES T 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office blog, etc. factory 21c. WHERE DID (Clty or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while at work at work , 1955, to 1 Dec., 1955, that I last saw the deceased

22. I hereby certify that I attended the deceased from A M, from the causes and on the date stated above. alive on , and that death occurred at

SIGNATURE ADDRESS DATE SIGNED 35 5t. Her. 55 M. D. LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY

23 BURIAL, CREMATION, REMOVAL (SPECIFY) 3 da DDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REGISTRAR I

(State)

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BUREAU V. Z.

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DEC 2 1622

BECEINED

### MEDICAL EVAMINER'S CERTIFICATE OF DEATH ...

MINDICAL	MARMINI	MIL B CE	LYL	II. IC.	ALL	OL			T No	····•07:54	لر
1. PLACE OF DEATH:			2	. USUAL 1	RESIDENC	E (HOME)	OF DEC	EASED:			
COUNTY Prince G	eorge's	MARYLAND		STATE	Mary	landco	OUNTY P	rinc	e Ge	orge	18
CITY (If outside corporate OR and give nearest tow		LENGTH OF STA		CITY (I OR TOWN		orporate li		RURAL	and give	e nearest	town)
HOSPITAL OR INSTITUTION OR	ural Sanit	4		STREET		(1	f rural, g		on)		/
	rst)	(Middle)	(	Last)		4. DATE	(Mo	nth) (	Day)	(Year)	
DECEASED: (Type or Print) Jan	ie Sp	arrow	B	loyd		DEAT	н ]	.2	18	19 5	55
Female 6. COLOR RACE:		DIVORCED		of Birtil		AGE last	birthday: 5 yrs.	Months Months		Hours Hours	Min.
10a. USUAL OCCUPATION work done during most even if retired):		KIND OF BUSINESS INDUSTRY:	OR			(State or			CO	UNTRY?	
13. FATHER'S NAME:				14. MOTILE	R'S MAID	EN NAME	:				
	Sparrow			E	llen	Barde	n				
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, giv service)	S. ARMED FORCES? 16.	SOCIAL SECURITY No.:	17	. INFORMA		DRESS:	nara E	lonea	+++47	7.0	1/6
4 1.0   service)			1	CERTIFIC		1. D	J. agr	ores	PATT	Tes	1
Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause II. OTHER SIGNIFICANT CO	cause DUE TO last (c) ONDITIONS CONTRIL		r r	enal	Õise2	se.					
TO THE DEATH BUT DISEASE OR CONDITION											
19a. DATE OF OPERATION	: 19b. MAJOR FIND	ING OF OPERATION	:					/	20	Yes	PSY?
21a. EXTERNAL CAUSE WA PRIMARY FOR CONTRIBUTION OF CAUSE OF DEATH.  21d. TIME (Month) (Day) OF INJURY 12-17-5	JTING ☐ OF INJU  (Year) (Hour)   21c.	CE (Home, farm, fact street, office bidg, RY SANI UNIL INJURY OCCURRED Injury Occurred Not while ork at work	etc.,	21f. HO				Geor	ge!	(State)	
22. I hereby certify that find that death resulting the signature	t I took charge of	the remains desc	cribe	d above, nt XX. S	uicide [ CHIEF DEPUT	Autopsy , Hom MEDICAL Y MEDICA ANT MED	icide   EXAMI  L EXAM	Under	etermin	quiry [ned can	use 🔲
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	Sieen w		Ceme	tery	Bro	ON City		r county	7	State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGN	ATURE		24. PUNE	RAL DIRI	ECTOR R	ma,	Yyai	len	ADDR	ESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

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VS. A15A - 5 - 53

DECENAED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12227 CERTIFICATE OF DEATH

RE, 18 12206
Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	SED:
COUNTY Toince Georges MARYLAND	STATE MIN. COUNTY TO	nce Georges
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURA	
OR and give nearest town) (in this place)	TOWN MAN A SO SOLO	1/
HOSPITAL OR	STREET (If rural give locati	lon)
INSTITUTION OR //	ADDRESS	
1 STREET ADDRESS Trinee Georges Gerittogs	7000 0010	street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) Hazel Dog	rie DEATH: 12-	21 1955
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   RACE:   WIDOWED. DIVORCED.	OF BIRTH: 9. AGE last birthday If UNDE	
Female White (Specify) Married 8	-4-99 56 yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
work done during most of working life, even if retired). Housewife own How	Maryland	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0,3,4,
	e R	
James Mohery	Emma Ballon	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Statistic Card	
18. MEDICAL CERTIFICAT	TION (	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
581.0 BNONCL	hopneumonia	7 dAVS
IMMEDIATE CAUSE	• • •	1-1-
ANTECEDENT CAUSE (S)	SIS OF LIVER	TUARD C
DISEASES ON CONDITIONS, IF ANI, (B)	315 OF PICEL	gyenics
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(c)		A
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	addid (-Italia	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	assure apparents	10 VEARS
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20 AUTOREYS
		YES NO F
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (C , etc. INJURY OCCUR?	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work		
22. I hereby certify that I attended the deceased from	104 10554 12/2/205	12 2
,	/	
alive on	M, from the causes and on the da	te stated above.
SIGNATURE 1) most / house 200	A. D. 3503 Barry St. 25T Parrier 14	DATE SIGNED
UNITION N		T 12/21/39
IDEALONAL MODERNEY	ERY OR CREMATORY   LOCATION (City, town	
Burial Dec. 24, 1955   Fort Linco.	In Cemetery   Colmar Manor M	id.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGISTRAR 4/56 /manda / surda	F. Gasch's Sons Hyattsvi.	lle, Md.

BECEINED

DEC 88 1822

BUREAU V. S.

. I. PLACE OF E	DEATH:		.1 2.	OF DEA	DENCE (HOME.) OF	G	No.	
I I	2 91	- 4 6 /						
COUNTY /	tside corporate limits, wi	RITAL LENGTH	OF STAY	STATE CITY If outside	COUNT corporate limits, wr		ni give neare	est town
38 TOWN	Cheverly	tin thi	h (S.	TOWN Wa	shing to	n,D.	C-47	X-3
HOSPITAL C INSTITUTION TSTREET ADD	N OR	Deorges Ben.	Nosp	ADDRESS	14 -105	the location)	S.E	-1
3. NAME OF DECEASED: (Type or Prin	(First) t, Georgina	(Middle) Alice	Bur	· NS	4. DATE (M. OF DEATH:	onth) (Dec 11	(Ye	ear) 53
	. COLOR OR 7. SIN	GLE. MARRIED. DOWED, DIVORCED. Seify): MARRIED	8. DATE OF	BIRTH:	9. AGE last birthday  5 4 yrs.	Months Da		Min.
work done dur	CUPATION (Give kind of ing most of working life, i): Housewife	Own home	SINESS 11.	Mas	(State or foreign cou		OUNTRY?	F WHAT
13. FATHER'S	IAME:		14	. MOTHER'S	MAIDEN NAME:			
George Sa	aloan		M	artha Chri	sta			
(Yes, no, or unk.)	EVER IN U.S. ARMED FORCE (If Yes, give war or da of service)	ites 15. SOCIAL SECUR	UTY No. 17	Of at , s	& ADDRESS:	-4		
I DISEASES O		18. MEDICAL CI					INTERVAL E	
44	R CONDITIONS DIRECT			enebna	L Hemon	RhAge	Th.	125
ANTECEDE	INT CAUSE (S)	DUE TO HY	perten	sive (A	ndio Vascu	LAR		
GIVING RISE T	O THE ABOVE CAUSE ERLYING CAUSE LAST	DUE TO			Disei	ne	Sye,	ARS
TO THE DEA	IIFICANT CONDITIONS TH BUT NOT RELATED CONDITION CAUSIN	TO THE						
19A. DATE OF OF	PERATION: 198. MA	JOR FINDINGS OF (	OPERATION				20. AUT	OPSY1
21A. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTIF	WAS UNDERLYING [] NG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	218. PLACE (Home, OF INJURY street,	, farm, factory, office bldg., etc.	21c. WHERE INJURY OCC		(County	) (S	itate)
OF "INJURY	th) (Day) (Year) (Hot	While No	t while work	21F. HOW DID	INJURY OCCUR?			
					2/10, 1955			
50	ertify that I attende							

23. BURIAL, CREMATION, DATE THEREOF RUTIAL (SPECIFY)

BATE REC'D BY/LOCAL 1 NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Pr. Geo. Md. 13 Dec 1955 Ft. Colmar Manor Ft. Lincoln Cemetery F. Gasch's Sons ADDRESS DATE REC'D BY LOCAL Hyattsville, Maryland

De Melany metified. All a liver Nove . MX Canena Turk

TO ATTENDING PHY

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12208

# 12285 CERTIFICATE OF DEATH

230 Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF DI	ECEASED	
COUNTY Prince George	MARYLAND		nia COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town)	(in this place)	OR (if outside corpo	orate limits, write RURAL e	nd give nearest town)	
X TOWN Beltsville	(III time proces)	TOWN	rling	83	X-3
HOSPITAL OR		STREET	(It rurel giv	re location)	
INSTITUTION OR STREET ADDRESS 4504 Tonquil	St.	ADDRESS R. F	D		/
3. NAME OF (First)	(Middle)	(Lost)	4. DATE (Mon	th) (Dey)	(Year)
DECEASED	(Mildole)	(rasi)	OF	(00)	(1001)
(Type or Print) Enna H		ידידנו		ec 2	1955
5. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D		OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male White (Specify) and	rried Nov.	7 1874	Q7 yrs.	Months Deys	Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b, K	IND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)		N OF WHAT
	OR INDUSTRY	750		COUN	TRY?
rarmer 1 ra	rming	Virgir			
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Charles Burr		Annie K	avlor		
	16. SOCIAL SECURITY NO.	17. INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or dates of service)		M T	C D		
	18. MEDICAL CEI	TIFICATION	nia G Bur		RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 HEDICAL CL	WILLIAM ON			ET AND DEATH
151 X IMMEDIATE CAUSE (A) M	e to atat	1ª Cares	" om atus	15 6	· Ma
AUC 20 -					
	TOLKEM	~ of 3+	mach	12	8 Ma
GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				25 3 10 10	
196. DATE OF OPERATION . # 196. MAJOR FINDING	S OF OPERATION			20	. AUTOPSY?
1117161111	the ho	+ Stone	ech	YES	
210. ACCIDENT WAS UNDERLYING   216. PLACE (Ho	me, farm, fectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ollice bldg., etc.)				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21	. INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?		-
	hile Not while of work				
		EU n		1-	
22. I hereby certify that I attended the dec					
alive on Dec 3 , 19 5 5 , an	d that death occurred a				
SIGNATURE		and the second	RESS (Street, city, town		ATE SIGNED
Marved /farry	es M.D. 1	835 Eye	STNW	west	DC
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(Stete)
REMOVAL (SPECIFY)	Chantmat	0	TT	3.7	
Burial Dec 4.195  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATUR		1 25 FUNERAL DIRECTOR'S	Herndon	ADDRESS	2
10 1-10-1	and it	JA DIRECTOR'S	2	07/	1011
DATE Dec 7-1955	Domitin.	Jeanne	ns Jun	erel H	me_
		0-01-	13 1	701	

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PLEASE

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 122(1)

12309 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince George's MARYLAND	STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) (if this place) (years)	TOWN College Park, Md. /44
HOSFITAL OR	STREET (If rural give location)
INSTITUTION OR 4504 Albion Road .	ADDRESS
Visit described and the second	4504 Alboin Rd.
3. NAME OF (First) (Middle) ( DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Joseph F. Butle	er Death: December 1, 19 55.
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
male white (Specify) widowed Aug 1	0, 1869 86 yrs. Months Daya Hours Min.
OA USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	
even if redired Shoemaker own business	Canada USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes no or unk ) (If Yes give wer or dates	
of service) no	Mrs Dorothy Hunt College Park, Md.
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INICHANT BEIMERA
	ONSET AND SEATH
443X IMMEDIATE CAUSE (A) URENIC	COMA 10 MIN
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B) CONGES 71	VE HEART FAILURE 2 MOS
GIVING RISE TO THE ABOVE CAUSE DUE TO	
16) Grienus Sche	rotic Hypertensive Heart Disages 6 40
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TOTIC TONGULTUE TRUIT DISANT 6 415
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 7 21B. PLACE (Home, farm, factor OR CONTRIBUTING 7 CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July	29 10 1/4 to Dea / 10. ( that I last any the James)
allye on DEC 1, 19 (, and that death occurred at	M, from the causes and on the date stated above.
Land Ol Olandar and	o. Rever dale Me 2:1955
the same of the sa	TRY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE /	
REGISTRAR 10 55	F. Gasch's Sons Hyattsville, Maryland

BUREAU V. S. 2001 8 DEC

CALL AND THE PROPERTY OF A STATE OF THE PROPERTY OF THE PROPER

## 12210 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 13, FilmG190 12-9-55 et CERTIFICATE OF DEATH Reg. D

12286

Reg. Dist. No.

2.0000		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY PRINCE GEORGES MARYLAND	STATE MARYLAND COUN	TYPRINCE GEORGE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) TOWN SELTS VILLE 2 (in this place)	TOWN BELTSVILLE	Let y
HOSPITAL OR	STREET (If rural give location	)
INSTITUTION OR STREET ADDRESS 4500 AMMENDALE ROAD.	4500 AMMENDALE	ROAD
TO ATTIEN DATE HOAT.		
3. NAME OF (First) (Middle) DECEASED: (Middle)	(Last) 4. DATE (Month) (Day	
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday: If under 1 y	EAR I P UNDER 24 HRS.
RACE: WIDOWED, DIVORCED,	Months   D	ays Hours Min.
EMALE WHITE (Specify): WIDOWED MAR	GF/ 11,70701 80	CITIZEN OF WHAT
work done during most of working life, INDUSTRY:		COUNTRY?
even if retired): HOUSE WIFE AT HOME	COM BER ON TARIO, CANADA	48,A.
	A .	
Unknown	NANCY ULCH	. 7 /
15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17 Yes, no, or unk.) (If Yes, give war or dates of service)  NONG	R. RUSSELL U. MAC DUFF BE 4500 AMMENDALE	LTSVILLE, MI
18. MEDICAL CERTIFICAT		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,		Onset And Death
592X Vremea		
Immediate cause (a)	W. +F	
Antecedent causes (s) Diseases or conditions, if any,	we Hall I alune	1
giving rise to the above cause stating the underlying cause last.	we Heart Talure	
Tolermen	, Replute	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	ne	
9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
I have have		Yes No No
SUCCIDENT (Specify) SUICIDE (Hone farm, factory, stree OF office day, etc.)	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from 12/3	,1935, to/2/3, 195, that I last	saw the deceased
alive on 1.2/3, 1955, and that death occurred at	7: 20 PM, from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	ATE SIGNED
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ent, mayerand 1.	() () ()
REMOVAL (Specify)		-10 h. D
BURIAL 12/7/33 WASHING? DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ON NATIONAL SUITLAND, PG.COO	ADDRESS
REGISTRAR		RDALE MD
Jesenty of 1955 May V. Smith	IVU. VV MAINISEKS - VI MINE	KURGE

BUREAU V. S.

DEC 6 1955

BECEINED

3.

12229 MARYLAND STATE DEPARTMENT OF H MEDICAL EXAMINER'S CER'		12211
MARYLAND STATE DEPARTMENT OF H	IEALTH—BALTIMORE, 18	Reg. Dist. 23
MEDICAL EXAMINER'S CER'	PIFICATE OF DEATH	No. 147
1. PLACE OF DEATH:  COUNTY  MARYLAND  CITY (If outside corporate limits, write RURAL OR and give represt town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  NAME OF DECEASED: (Type or Print)  MARYLAND  MARYLAND  LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE COUNTY COUNT	d give nearest town)
5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Specify: 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  13. FATHER'S NAME:  14. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): 105. KIND OF BUSINESS OR INDUSTRY: 105. KIND OF BUSINESS OR I	OF BIRTH: 9. AGE last birthday: FUNDER I. Months D	YEAR IF UNDER 24 HRS.
18. MEDICA	L CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Immediate cause	÷ .	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)	numoma	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY.	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work (	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ find that death resulted from: Natural causes 7, Accid	ed above, held an Autopsy , Inspection ent , Suicide , Homicide , Undete	rmined cause [].

22

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D. BURIAL, CREMATION, REMOVAL (Specify): CEMETERY OR CREMATORY NAME; OF DATE LOCATION (City, town, or county) (State) ADDRESS 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL

BUREAU V. S.

oset ₽ NAC

DECENSED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12230

### CERTIFICATE OF DEATH

Reg. Dist. No.

12212

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MINCE GEORGE MARYLAND	STATE Maryland COUNTY PAINC	e George
CITY (If outside corporate limits, write RURAL, LENGTH OF STA	AY CITYIIf outside comporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place)	OR O	
38 TOWN Cheverely 16 days	TOWN Carmody Hills.	X
HOSPITAL OR	STREET (If raral give location	
77 STREET ADDRESS	ADDRESS 504- 74Th St	
I STREET ADDRESS PINCE Geo Gen. Hosp		
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED: (Type or Print)  RONAL MICHEAL CO	RTER DEATH: Dec	19.55
	TE OF BIRTH: 9. AGE last birthday IF UNDER 1	
BACE WIDOWED DIVORCED	Months	Days Hours   Min.
Male White (Specify) single 30	NOU 1955- 1	9-
IOA. USUAL OCCUPATION (GIVE KING OF 108. KINDS OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	
work done during most of working life, even If retired):	III I T OA	COUNTRY
	Mashington D.C.	1.59.
13. FATHER'S NAME:	14. MOTHER'S NAIDEN NAME:	
Margen Caster	JEANNE ESTELLE MA	ac CORD
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, of unk.) (If Yes, give war or dates		OUT -
110 of service) NONE NONE	WARREN G. CARTER-504-	19-57
18. MEDICAL CERTIFIC	ATION CHAPA	985186668-16
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
MEIN DI	1- m	7)
IMMEDIATE CAUSE (A) TURU/EN	T Illening it 3	48 Hours
DUE TO		2
ANTECEDENT CAUSE (S)	+ //	
DISEASES OR CONDITIONS, IF ANY, (B) 10/0/8/1	1 ITY MOCEANAIM	
STATING UNDERLYING CAUSE LAST. DUE TO	> 11 m	
10 Doing K	itian alleningo muslaccel	19 NA115
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	217 TOTAL TOTAL OF THE COUNTY	101193
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	V	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	ION	20. AUTOPSY?
		YES NO
	•	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bid		nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURR	RED   21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work		
9.0	90.10	
22. I hereby certify that I attended the deceased from	, 195, to 195, that I las	t saw the deceased
alive on Dec. 19 10 m and that doub accommed	at 124AM, from the causes and on the date	stated above
alive on	ADDRESS DA	TE SIGNED
Mas M. Herrery	Sout Messaut Wed.	12-19-50
	M. D.	- 1
23. BURNAL, CREMATION, DATE THEREOF NAME OF CEMI		r county) (State)
130001AE 17/20/1905 ARLONGTO	NATE COM HALONGTON	IH.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
REGISTRAR / CC / Man / / Lucal	Id al Pura aras Ca- Rui	MARKET ME
12 20 DS somanda Sounder	CIN I CAMPILES CO / //VI	- LALOS LAND



DEC 88 1822

DECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg	.12213
NIO	231

MEDICAT.	EVAMINED'S	CERTIFICATE	OT	THEATT	
	ITem_YPIIMGIYU	16540500 51	-		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frince George's MARYLAND	state Maryland county Prince	George's
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		give nearest town)
OR and give nearest town) (in this place) TOWN Cheverly, Maryland D. O. A.	TOWN Hyattsville, Md.	15
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
STREET ADDRESS Prince George's General Hospit	ADDRESS 4204 Gallatin Street,	•
S. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	) (Year)
(Type or Print) JAMES ARCHIBALD CHIS	SHOLM DEATH December :	16, 19 55.
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y	
male   white   (Specify): Married   Feb		
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, 1NDUSTRY:		CITIZEN OF WILAT
even if retired): Watchman Sanitary Commissoner		J. S. A.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Hoy Chisholm	Rebecca Friend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Yes Spanish American 578-36-6158	Joseph R. Chisholm-	
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Julmonas	y edina	
DUE TO		
Antecedent cause(s) Diseases or conditions if any. (b)	note heart disease	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	gri fart for the transfer of the second seco	•
stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Unsion-	
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
<i>M</i>		Yes No S
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	y, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. W.   W.   W.   W.   W.   W.   W.   W	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	hed above held an Autopsy D. Inspection S	Inquiry 🖾 end
find that death resulted from: Natural causes , Acci		
SIGNATURE	CHIEF MEDICAL EXAMINED	DATE SIGNED
John D. Malonen (Hy thmill Md)	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	12-16-55
	RY OR CREMATORY   LOCATION (gity, town, or co	unty) (State)
Busial (Specify): See 20. 1405. Calington 1	alional Urlington, oa	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUMERAL DIRECTOR 37.7.11	ADDRESS
12120 155 Umanda doterren	1, cascha sons pers	new pry

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carrently. age is especially important. Physicians: please write the causes of death clearly and legible VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

correct

BUREAU V. S.

DEC 22 1955

BECEINED

The correct age

PLEASE.

#### MARYLAND STATE DEPARTMENT OF HEALTH

12287

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

### Reg. Dist. No. 230

12214

I. PLACE OF DRATH. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY OF
OR give nearest to be the first of the place	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 5717 - Pualan	STREET ADDRESS 57/7 - (If rural give location)
3. NAME OF DECKASED (First) VSEPH B. (Middle) C. (Type or Print) VSEPH B. (Middle) C.	HLOPICKI OF DEATH Vec 27 1953
6. SOLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIEM OF WEAT COUNTRY!
13. FATHER NAME Chloristi	14. MOTHER'S MAIDEN NAME MATIRIA Servatowski
15. Was Decrared Ever In U.S. Armed Forcist 16. Social Security No. (Yes, no, or unknown) (11 yes, give war of dates of 577-16-783)	That's AND ADDRESS Like Jane
/ 18. MEDICAL CEI	RTIPICATION COMPA
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHY	gstud faut Failurg 2 hr
Antecedent cause(s)	of Prostate evely
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	eplenis )
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	112
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Orgeste 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   INJURY At work	HOW DID INJURY OCCUR!
22. I hereby certify that I attended the deceased from	1955, to Dee, 1955, that I last saw the deceased
alive on 2 2 19,5, and that death occurred at	ADDRESS, DATE SIGNED
ell. Joure 14.1	. cologe lark 1/4 14/2/55
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER BERIOVAL (Specify) 19/3/1957 FORT LINEUR	N CONSTRAY COLMAR MANOR, PR.GO.C. MD.
Date REC'D BY LOCAL REGISTRAR'S SIGNATURE Smith	W-W. CHAMBERS Co- RIVERDALE, M.

DEC 30 1322

BUREAU V. S.

carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12232 CERTIFICATE OF DEATH

RE,	18	12215
Reg.	Dist.	No. 23/

Z.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
legibly	COUNTY Trince Georges MARYLAND	STATE MY COUNTY P.	7
le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	
and	OR and give nearest town) (in this place)	OR C. I P.	, , ,
	Jan	Collector	14
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	(11)
clearly	STREET ADDRESS To: nee Georges General Hospital	10021 Washington	- Daltimore The
e e	DECEASED	(Last) 4. DATE (Month) (	Day) (Year)
death	(Type or Print) Donald Eugene	offey DEATH: 12/2	6 1955
Ď	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1	
of	Male White (Specify): Single	21/50 yrs. Months I	ays Hours Min.
00 00 00	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS/	II. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
causes	work done during most of working life.  even if retired):	md	COUNTRY
	13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:	. A. H.
cue	1.6 - 1 - D P		3
	WADE LETOY COFFEY	EVERYN ELIZABETH E.	DWARDS
Write	18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or mk.) (If Yes, give ver or dates VEVE	Statistic Cord	
piease	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
d,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 / 1	ONSET AND DEATH
	571.0 Carest	Relation	1
L DS	IMMEDIATE CAUSE  (A)  DUE TO	avaeus	1 will
Fhysicians	ANTECEDENT CAUSE (S)	1.4	1
28	DISEASES OR CONDITIONS, IF ANY, (B)	saken	1 well
4	STATING UNDERLYING CAUSE LAST. DUE TO	L 14	1
	(C) 3/W//	Hoshin enters	Inul
2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0	I V V
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY1
			YES NO
11.3	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	toru   Oto Willers DID (Clause Assure) (Comp	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. etc. NJURY OCCUR? (City or town) (Count	ty) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
130	OF INJURY While While at work at work		
9	22. I hereby certify that I attended the deceased from /2-7.	5 1917 to 12/26 1955 that I last	saw the deceased
90			
	alive on 12/26 19.55, and that death occurred at		stated above. re signed
rec	/W/11/X1	11. 140 11.1 m	E SIGNED
correct	U V V	ERY OR CREMATORY   LOCATION (City, town, or	12 2 4 - 1 1
0	REGOVAL (SPECIFY)	0 0 . // 0 .	HYATTS VICE,
	12URIAL 1725/1955 GOV. WASH.		P2. 600, Ca, MD
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS

DEC SO 1022

BUREAU V. S.

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Jo t	eath
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lddr	the
K. Sı	write
N	ase
DING	ple
UNFA	sicians
ITH	Phy
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
PL	ally
WRITE	especia
JR 1	13
E	age
TYF	rect
EASE	100
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correct age

VS. A15 - 10 - 53

The

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	12216
12233 CERTIFICATE	E OF DEATH Reg. Dist	1. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Prince Georges MARYLAND	STATE Manyland COUNTY P.G.	
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	STATE // AM/ and COUNTY . CO	and give nearest town)
38 TOWN (heverly 17 days	OR TOWN Laurel	41
HOSPITAL OR INSTITUTION OR TINCE Georges General Hospital	ADDRESS Washington Blue	1.
3. NAME OF (First) (Middle) ( DECEASED: (Type or Print) The mas	OF 1	Day) (Year) 2 19 55
Male Color or 7. SINGLE MARRIED. 8. DATE WIDOWED, DIVORCED. 8-9.	OF BIRTH: 9. AGE last birthday IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):    OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.  Manuland	CITIZEN OF WHAT
13. FATHER'S NAME: Coan	14. MOTHER'S MAIDEN NAME:	777
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. BOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Statistic Card	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE	hopneum on, A	5 days
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  (B)  (D)  (B)	TIVE HEART FAILURE	20days
	IOSCLENOTIC HEART DISCH	Je JyeArs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from/	5 , 1965, to 12/2 , 1955, that I last	saw the deceased
alive on 1955, and that death occurred at SIGNATURE	- 7	TE SIGNED
	. b.	1 md 12/2/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	r county) (State)
Date REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
RESISTRARY 1955 Mustanda Doursey	De les The Danieldes 1	m.

DEC 8 JOES

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# 12288 CERTIFICATE OF DEATH

12217

Reg. Dist. No. 25/

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTYPr. Geo.
CITY (If outside corporate limits, write RURAL and OR give nearest town)  Landover  Landover	CITY (If outside corporate limits, write RURAL and give nearest town) OR Landover
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 3605 - 65th. Avenue
(2) po 0.1 2.1	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (3 1955)
Male White 7. SINGLE, MARRIED, WIDOWED (Specify) WIOWED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, eyes if retired) INTERIOR DECORATOR  13. FATHER'S NAME  10a. USUAL OCCUPATION (Give kind of work during most of working life, eyes if retired) WOOdward & Lot	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
Francis F. Crow	Murphy
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of 577-01-4433	Mrs. Mildred Quigley
Antecedent cause (a)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	relevante Reft 6 mg
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on	JOHN KEHOE, M.D. 13 Pre 1953
	mr. Rainer and.

DEC 88 1952

BUREAU V. S.

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MADVI AND STATE DEDARTMEN	TO OF HEALTH DALMINODE 10	12218
MARYLAND STATE DEPARTMEN		INNE
12234 CERTIFICATI	E OF DEATH Reg. Dist	. No. 23/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: /)
COUNTY MUSS TENGERARYLAND	STATE Md. COUNTY PU	. Des.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town), (in this place)		and give nearest town)
38 TOWN BY TOWN 36hys.	TOWN Landover Hills	X
HOSPITAL OR INSTITUTION OR	(If rural give location)	1
TSTREET ADDRESS MULL SUNGS AVE	perlat 3906- 70th F	tue
3. NAME OF (First) (Middle)		Day) (Year)
(Type or Print) / WW / DV4 DY1	11000 DEATH: 12-11	1955
RACE: WOOWED, DIVORCED, DEPORT OF THE PROPERTY	OF BIRTH: 9. AGE last birthday Frunces 1	Days Hours Min.
10%. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Dameron	Agnes Fax	Ye//
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, ne, or unk.) (If Yes, give war or dates of service)	mather - as also	ne
18. MEDICAL CERTIFICAT	rion	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  763.  IMMEDIATE CAUSE  (A) Neonate	1 lobar emphusema	ONSET AND DEATH
ANTECEDENT CAUSE (8) DUE TO OF /CF+	lower lobe	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	id infacts of kidney	
STATING UNDERLYING CAUSE LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY1
0		YES NO
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, fac OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	(State)
OF "INJURY OCCURRED M.   21E INJURY OCCURRED While Not while at work at work   1 M.   21E INJURY OCCURRED While at work   21E INJURY OCCURRED While at work   21E INJURY OCCURRED While at work   21E INJURY OCCURRED WHILE WHILE WHILE WAS AND ADDRESS OF THE WORLD WHILE WAS AND ADDRESS OF THE WORLD WAS ADDRESS OF THE WORLD WAS AND ADDRESS OF THE WORLD WAS ADDRESS OF THE WORLD WAS ADDRESS OF THE	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	75 19 to 12/1/19 that I last	saw the deceased
alive on 12/11, 1947, and that death occurred at	D. M. from the causes and on the date	stated above.
2100	1. D. GILY central Ame Capital lde	In has 10/00
	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. JUNERAL DIRECTOR	ADDRESS



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BUREAU V. S.

# VS. A15-10-53

MARYLAND STATE DEPARTMENT CERTIFICATE	7.2/
EATH: Search & MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Manyand County Pr. GEO.
side corporate limits, write RURAL LENGTH OF STAY	

The	CERTIFICATE OF DEATH Reg. Dist.	No. 23/		
nation carefully.	1. PLACE OF DEATH:  COUNTY TINCE  COUNTY TINCE  CITY (If outside corporate limits, write RURAL OR and give nearest town)  HOSPITAL OR  2. USUAL RESIDENCE (HOME) OF DECEASED  STATE Maryland COUNTY TV  CITY (If outside corporate limits, write RURAL at OR TOWN  STREET  (If rural give location)	GEO.		
item of information of death clearly and	DECEASED: (Type or Print)  5. SEX:  6. COLOR OR 7. SINGLE. MARRIED 8. DATE OF BIRTH:  9. AGE last birthday If UNDOWED DIVORCED  8. DATE OF BIRTH:  9. AGE last birthday If UNDOWED IN ORDER 1 V.	(Year)  (Year)		
pply every the causes	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):   12.			
INK.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL GERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DEAN .		
ITH UNFADI Physicians:	342 X  **IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) Brain abscers (rt. temp. lobe)  DUE TO  (B)  DUE TO	ONSET AND DEATH		
~ 65	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory. OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory. OCCUR? INJURY OCCUR? (Count) OF INJURY OCCUR? (Count) OF INJURY OCCUR? (Count) While   Not while   21F. HOW DID INJURY OCCUR?	(State)		
TYPE OR rect age is	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 2. 19, and that death occurred at, M, from the causes and on the date stated above SIGNATURE, DATE SIGNED, M, D. ML COUNCE			
PLEASE	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Www., or REMOVAL (SPECIFY) 12/31/55 Mt. Carmel Cemetery Upper Marlbon	o, Md.		
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR LOCAL REGISTRAR'S SIGNATURE REC'D BY LOCAL REGISTRAR'S REC'D BY LOCAL REGISTRAR'S REC'D BY LOCAL REGISTRAR'S REC'D BY LOCAL REC'D BY LOCAL REGISTRAR'S REC'D BY LOCAL REC	address clboro, Md.		

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JAN 5 1956

BUREAU V. S.

19541

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince George's MARYLAND	STATE Washingtoncounty D. C.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN Largo Md.  LENGTH OF STAY (in this place) Transit	CITY (If outside corporate limits write RURAL and give nearest town OR TOWN Washington D. C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue,.	STREET (If rural, give location) ADDRESS 308 Livingston Road,.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Ivan Paul Donale	12
male willte widowed, divorced, (Specify): Single June	21, 1938   9. AGE last birthday: IF UNDER I YEAR   IF UNDER 24 H  yrs.   Months   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Box Builder David Max Company	Washington D. C. COUNTRY?
Charles E. Donaldson	Madeline Donovan
15. WAS DECEASEO EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Charles E. Donaldson Washington D. C.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) DUE TO	AL CERTIFICATION  INTERVAL BETWEE ONSET AND DEA
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	hill, crushed short
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ue z left ferre
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, effice bldg, etc. CAUSE OF DEATH.	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 2 3   3 2 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2 2 2 2	company carlletran of rook
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidentally and Accident the sum of the remains described from the	dent , Suicide , Homicide , Undetermined cause  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER HEMOVALY (Specify):	M. D. ASSISTANT MEDICAL EXAM.   12-31-17  RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE CAMPAELL	24 FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	Vot Wasta DE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

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BECEINED

12-31-35

MARYLAND STAT	E DEPARTMEN	T OF HEALTH-	-BALTIMORE,	18
ATTOTICATE THE A	CONTENTAL	COMPONENTAL	A FIRST OF STREET	TATE

corre	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 245
0)	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
ly.	COUNTY SINCE GLOSSO MARYLAND STATE Md COUNTY IN- SED	- Co-
y. dig	OR and six mearest town or stary write RURAL LENGTH OF STAY OR OR OR OR OR	give nearest town)
full	Town Town Cast Chire dale	2.5
are	HOSPITAL OR STREET (If rural, give location)	
information carefully. T	INSTITUTION OR STREET ADDRESS Seland Minnorial Hosp. ADDRESS 5415 - Carter's Land	4.
tio	3. NAME OF DECEASED: (Middle) (Last) (A. DATE (Month) (Day OF	) (Year)
cle	(Type or Print) Jungl William Thomas Edney DEATH 12-21-	1955
th	5. SEX: 6 COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months De Months De	
f in	Male While (Specity) Marria 12-23-62 5 3 yrs.	
ය දීම්	work done during most of work, life, INDUSTRY:	CITIZEN OF WHAT
es te	even if retired): Lipe fitter 4.5. Mary Yard - VI - Carolina 4	.5.9
OR BINDING ly every item of infor the causes of death	13. FATHER'S NAME:	
BI e c	15. WAS DECEASED EVER IN U.S. ARMED FOR ES? 16. SOCIAL SECURITY NO.: 17. INFORMANT ADDRESS:	
the the	(Yes no, or unk.) (If Yes, give war or dates of service)  Unk.  16. Social Security No.: 17. INFORMANT & ABORESS:  Unk.	11
F pp		dariss.
	18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
K. K.		ONSET AND DEATH
SERVI INK.	Immediate cause (a) Cicute congestive heart failure	
E S.		
OIL	Diseases or conditions, if any. (b) Chrome vaccuum an war ous ase and	•
icia Gi	giving rise to the above cause DUE TO stating underlying cause last	
MARGIN REUNFADING	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Z DH	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ant	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Watro		Yes No
AINLY, WITH ially important.	21s. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, street, office bldg., etc., INJURY   21c. (City or town) (County)	(State)
N A	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	
E PLAI especiall	INJURY M.   work   at work	
Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [S]	
is e	find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE	mined cause
1	( ) M. D. DEPUTY MEDICAL EXAMINER BY M. D. ASSISTANT MEDICAL EXAM.	19-21
65	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or co	unty) (State)
EASE	REMOVAL (Specify): 12/20/55 Oakland Cemetery Gaffney Cherokee	S. Carolina
E	DATE RECTO BY LOCAL   RECISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR	ADDRESS
7	REG2/23/50 // F. Gasch's Sons Hyattsville, M	arytand

VS. A15A - 5 - 53

DATE REC'D BY LOCAL REG 2 23 55

DEC SO JOEC

BUREAU V. S.

3. NAME OF

5. SEX:

DECEASED:

21. ACCIDENT

DATE REC'D BY LOCAL

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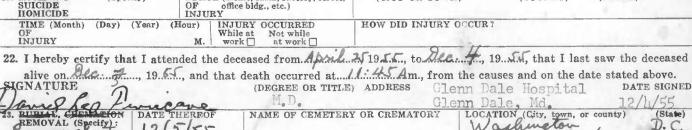
KAR'S SIGNATURE

REGIST

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Prince Georges D. C. MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR TOWN Glenn Dale (rural STOWN HOSPITAL OR (If rural, give location STREET INSTITUTION OR ADDRESS STREET ADDRESS Glenn Dale Hospital J. Ave. N. (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) Everett (Type or Print) DEATH: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS RACE: WIDOWED, DIVORCED, Months (Specify): Married Jaw. 10a, USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life, INDUSTRY: even if retired): Unholsterer Selma, N. C. Lewis Upholstery 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Sadie Mae Foster Jesse Everett 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of INTERVAL BETWEEN Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DITE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION: 19b, MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes No (STATE) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) office bldg., etc.) INJURY HOW DID INJURY OCCUR? (Day) (Year) (Hour) INJURY OCCURRED While at Not while work [ at work



24. FUNERAL DIRECTOR

('AXNEX MEMMOYID)

ADDRESS

Funesal Home 29-4 St. M.W

7FC 6 1922 DECENAED

COUNTY

TOWN

3. NAME OF

2I. ACCIDENT

SUICIDE

Male

DECEASED:

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: Prince Georges COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL! LENGTH OF STAY OR and give nearest town) OR (in this place) TOWN Glenn Dale (rura) Washington HOSPITAL OR STREET (If rural give location) days ADDRESS INSTITUTION OR STREET ADDRESS Glenn Dale Hospital 66 New York Ave. . 4. DATE (Month) (Day) (Year) (Middle) (Last) (First) FEIFER OF 5 -10 SEPH DEATH: (Type or Print) 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. S. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTII: WIDOWED, DIVORCED, RACE: Months Days Hours (Specify): Married 10b. KIND OF BUSINESS OR 112. CITIZEN OF II. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION. Give kind of COUNTRY? INDUSTRY: work done during most of working life, even if retired): Tailor Questionable Unknown Russia 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Leib Feifer Rose Sheihett 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) | (If Yes, give war or dates of Decedent service) MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death (a) .... Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) ... glving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No D (CITY OR TOWN) (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY HOW DID INJURY OCCUR?

Conditions contributing to the death but not related to the disease or condition causing death.

TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY Not While While at Work [ At Work 22. I hereby certify that I attended the deceased from 12-30

...,19 49, to 12-11 , 1953, that I last saw the deceased alive on 12 - 10 1955, and that death occurred at 7.45 9.2 from the causes and on the date stated above.

(Degree or title) Glenn Dale HospiADDRESS 12/11/55 DATE SIGNED SIGNATURE

Dale.

BURIAL, OREMATION, REMUCAL (Specify) DATE, THEREOF 12/12/55 TOURIA DATE REC'D BY LOCALI

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washing ton

Mansausky Y

ADDRESS

(State)

REGISTRAR

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BUREAU V. S.

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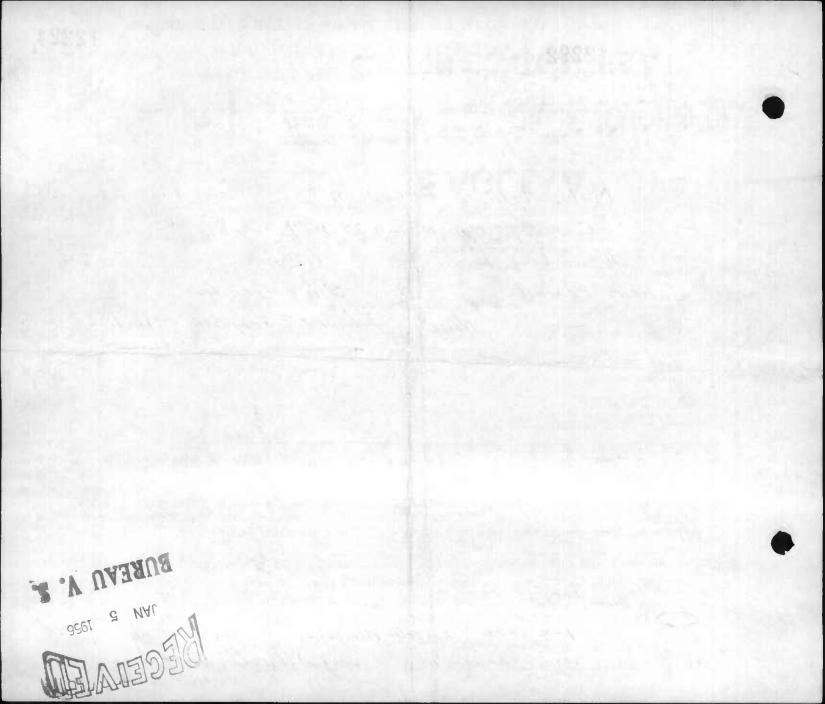
12292

# CERTIFICATE OF DEATH

Reg. Dist. No. 3242

I. PLACE OF DEATH: 5010 -1-SV. N.B.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY DRINCE GEORGES MARYLAND	STATE M.D. COUNT	TYPR. GEO.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	d give nearest town)
TOWN FAIRMOUNT HEIGHTS (in this place)	TOWN FAIR MOUNT HE	IGHTSX
HOSPITAL OR	STREET (If rural give location)	7
STREET ADDRESS 5810 -L-ST-H.E.	ADDRESS 5810-1-5T-N	.E .
3. NAME OF DECEASED: (Type or Print) Mable Tolliver Fergus	(Last) 4. DATE (Month) (Day) OF DEATH: 12 28	(Year) 19 3 3
5. SEX:  S. COLOR OR RACE:  (Specify): MARRIED, 8. DATE (Specify): MARRIED, TAIT	OF BIRTII:  9. AGE fast birthday: If UNDER I YE.  Months Day  yrs.	
10a. USUAL OCCUPATIONGive kind of 10b. KIND OF BUSINESS OR	R   II. BIRTHPLACE (State or foreign country): [12. C.	ITIZEN OF WHAT
work done during most of working life, even if retired):		S. H.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0,777
Churles Franklin	Alice Gordon	
(Yes no or unk) (If Yes give wer or detes of	INFORMANT & ADDRESS:	1 .15
+ No service) None E	dward T. Ferguson 5-810 L	st. N.E.
18. MEDICAL CERTIFICATION	ON	intervai Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Lober	SINOMUSUA	4 dzys
DUE TO		
Antecedent causes (s) Diseases or conditions, if any,		
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	e heart failure, my ocarditis	6 mos.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	/>	20. AUTOPSY ?
0-		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	rate)
TIME (Month) (D=y) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work ☐ At Work ☐	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Loune	1055 to 26 Dec. 1955 that I last s	aw the deceased
alive on 28 Jac., 1955, and that death occurred at II:	ADDRESS	re signed
23. BURIAN CREMATION, DATE THEREOF NAME OF CEMETEI	RY OR CREMATORY LOCATION (City, town, or cou	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	emeris/ Sulfland Rd 24. Funeral director,	ADDRESS
Die 29, 1955 Carrie Campbell.	Juny & Washingstown Sons.	
	1 467 N st. 7	n.w. DC

VS. A15



12231	CERTIFICATE	OF DEATH	Reg. Dist.	No. 245
I. PLACE OF DEATH:		2. USUAL RESIDENCE	IOME) OF DECEASED:	2.0
COUNTY / YINER CA	DY9 (SMARYLAND	STATE O	COUN	
CITY (If outside corporate limits, wri	ite RUKAL LENGTH OF STAY (in this place)		ate limits, write RURAL an	d give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delas	Men. Hosp.	STREET ADDRESS	(If rural give location)	Pook
3. NAME OF DECEASED: (Type or Print)	) Midle) dwell	(Last) / esty OF	TE (Month) (Day	(Year)
5. SEX:   6. COLOR OR   7. SIN RACE!   WII	DOWED, DIVORCED,		3 yrs. HUNDER I YE	
10a. USUAL OCCUPATION Give kind of work down during/most of working life, even if retire();	10b. KIND OF BUSINESS OF INDUSTRY:	II. BIRTHPLACE State	or foreign country): 12. C	ITIZEN OF WILA
13. FATHER'S NAME: Fle	ster	14. MOTHER'S MAIDEN NA	ait ches	7
15 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates service)		INFORMANT & ADDRESS:		
f	18. MEDICAL CERTIFICATION	ON		Interval Between
I. DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	themlois		Onset And Dea
Immediate cause	(a) Cerebrat JE TO			7 angs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) arteriocs	hon		
	(e)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death bu related to the disease or condition causi				
19a DATE OF OPERATION:   19b. MAJ	OR FINDINGS OF OPERATION			20. AUTOPSY
0 -	_			Yes No No
SUICIDE	ACE (Home, farm, factory, street, office bldg, etc.)	(CITY OR TOWN)	(COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	) INJURY OCCURED While at Not While	HOW DID INJURY OCCU	IR?	
22. I hereby certify that I attended		2 (		
alive on Acc, 31, 19.53, an SIGNATURE	d that death occurred at	from the c	auses and on the date s	stated above. TE SIGNED
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)	17 11/11/11	0 // 4	CATION (City, town, or con	inty) State)
REGISTRAR ( )	1 11.1	24. FUNERAL DIRECTOR	auce, the	ADDRESS
7cm 2 - 1906 110. ja	s. Devere Hypury	Newww.	analous pa	usely Ivg

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Supply every item of information carefully.

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BUREAU V. S.

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	12585
12238 CERTIFICAT	E OF DEATH Reg. Dist	No. 231
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Trince Georges MARYLAND	STATE Maryland COUNTY Prid	e e Gesoges
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	Y CITY(If outside corporate limits, write RURAL a	nd give nearest town
Town Cheverly 4 days	TOWN Opper Man bore	2 X
HOSPITAL OR INSTITUTION OR STREET ADDRESS TO DE GEORGES TONES HOSP : ta	STREET (If rural give location)	
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Ony) (Year)
(Type or Print) Daby (6; p/ A)		5 1955
RACE: WIDOWED, DIVORCED,		Pays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.9.17
Laurence Ford	Mary Ford	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mothers' Statistic Card	
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
ANTECEDENT CAUSE (A) TA CHA AT WE DUE TO DISEASES OR CONDITIONS, IF ANY. (B)	ity (600 gms 33 cm.)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		1 100
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	ON	
0		YES NO
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, fa OR CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (Count g., etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While at work	ED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from / 2	11. , 19 5, to 12/15, 1953, that I last	saw the decease
alive on 12 , 19 , and that death occurred a	at 10. AM, from the causes and on the date ADDRESS	
23 BURIAL CREMATION, PATE THEREOF TAME OF CHIEF	M. D. 9300 TERY OR CHEMATORY LOGATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 56 Comments of the Local Security	24 FUNERAL PRECTOR	ABORESS A
The state of the s		-

9261 71 NAL

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12239

CERTIFICATE OF DEATH

231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	: //
COUNTY France Yerry MARYLAND	STATE Md. COUNTY PN.	. Ald.
CITY (If outside corporate lingts, write RURAL, LENGTH OF STAY		nd give nearest town
OR and tive nearest town) (in this place)	OR # //	
TOWN Larerly and 14hrs. 17min	. TOWN Upper mary	Corox
HOSPITAL OR	STREET   If rural give location)	1
INSTITUTION OR PARTIES ADDRESS PARTIES ADDRESS	ADDRESS	
Tune yays you, Thy	Y	
3. NAME OF (Floor) (Middlg)	(Last) 4. DATE (Month) (D	ay) (Year)
(Type or Print) Daby ( ), k	TO DEATH: OLC	12 19 55
S. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	EAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED. (Specify):		ys Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. (	14 17
work done during most of working life, OR INDUSTRY:		CITIZEN OF WHAT
even if retired):	/'/a.	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Laurence Fred	maria lla	10 to
Lawrence Jour	17. INFORMANT & ADDRESS:	70101
S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	/
of service)	mather - as a have	
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1 . 0	ONSET AND DEATH
71.25	Talaba	
IMMEDIATE CAUSE (A)	electura	
DUE TO		
ANTECEDENT CAUSE (8)	executed the second	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIFE TO		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON .	ac Hiropana
		20. AUTOPSY7
		123 10 10
1A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, far	ctory, 21c. WHERE DID (City or town) (County	(State)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	, etc. INJURY OCCUR?	
ID. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?	
F'INJURY While Not while		
2. I hereby certify that I attended the deceased from 12/1	1/55, 19 to 12/12, 1955, that I last	saw the deceased
alive on 12/12, 1973, and that death occurred at	t /0:05 M, from the causes and on the date s	tated above.
	44 -4 14 4	4 12/12/20
	M.D. 5301 Hamilton St., Hysle, 1	7
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, for	county) (state)
Mugling Van 1936 Much	espesitentes querchi	1 mil
DATE REC'D BY LOCAL / REGISTRAR'S SIENATURE	1/24. FUNERAL DIRECTOR	ADDRES A
REGISTRAR ( ) CI	VI AVOIL 1 1/1/ P. 111	8.01
1/1/06 Wyazila Kindrung	Joseph IV um	July 11

VS. A15-10-53

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MARYLAND STATE DEPARTMENT OF HEA	LTH—BALTIMORE, 18 12225 Reg. Dist.
MEDICAL EXAMINER'S CERTI	FICATE OF DEATH No. 245
I. PLACE OF DEATH:	SUAL RESIDENCE (HOME) OF DECRASED:
COUNTY MICE SEO GES MARYLAND S	STATE Md COUNTY Prince Scorce
OR and give nearest town	CITY (If outside corporate limits write RURAL and give nesrest town)
15 TOWN Smallmill house I	TOWN Sladenshing
	DDRESS 4903-49h (H rural, give localition)
3. NAME OF (First) (Middle) (Last	t) 4. DATE (Month) (Day) (Year)
(Type or Print) Warthen 1- 0x	DEATH 12 - 19 - 19 5 5
To SEX:  6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, 8. DATE OF WIDOWED, DIVORCED, 9. (Specify): Warring 1/9	127 /   Months Days Hours   Min.
	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired Safor Sentral Laboring	Virginia GSG
13. FATHER'S NAME: 14.	MOTHER'S MAIDEN NAME:
Lows Fox	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	WEGEMANT & ADDRESS:
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Titillediate cause	cerebral desma
Antecedent cause(s)	
Diseases or conditions, if any, (b)	n primmer ac
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
2/	Yes XNo 🗆
PRIMARY  or CONTRIBUTING  OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TiME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described a	above, held an Autopsy & Inspection A Inquiry , and
find that death resulted from: Natural causes Accident	, Suicide , Homicide , Undetermined cause .
John Maloney / Hyattsville M/)	M. D. CHIEF MEDICAL EXAMINER DATE SIGNED  M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or eounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24	FUNERAL DIRECTOR ADDRESS 1820-975 5. W
Helity.	Wash. D.C.

DEC 50 1062

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10B. KIND OF BUSINESS

OR INDUSTRY:

18. MEDICAL CERTIFIC

(A)

DUE TO

(B)

DUE TO

(C)

198. MAJOR FINDINGS OF OPERAT

While

at work

218. PLACE (Home, farm,

OF INJURY street, office bl

and that death occurred

21E INJURY OCCUR

Not while

M. D.

OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

at work

12226

TE OF DEAT	PH Reg. D	ist. No. 23/
2. USUAL RESIDE	NCE (HOME) OF DECEA	
STATE Md	. COUNTY Pr.	Geo.
	orporate limits, write RURA	L and give nearest town
STREET	(If rural give locati	on)
ADDRESS		/
(Last)	4. DATE (Month)	(Day) (Year)
tryE	DEATH: ) EC .	
TE OF (B)RTH: 9	AGE last birthday IF UNDE Months	
	State or foreign country):  1	2. CITIZEN OF WHA
in haterford	1 Fa	u.S.a.
Clara &	Brown	
IT INFORMANT &	ADDRESS: Bu	Ther
EATION (	Stonen	INTERVAL BETWEEN
(	1 8	
TON		20. AUTOPSY?
factory. 21c. WHERE D	(Coty or town) (Co	ounty) (State)
RED   21F. HOW DID IN		
	12-261951, that I l	
at 4. A. M, from the ADDRESS	e causes and on the da	te stated above.

LOCATION (City, town, or county)

(State)

PLAINLY WRITE OR (2) TYPI SE

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Physicians

important

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OF "INJURY

alive on ... SIGNATURE

REGISTRAR

23. BURIAL, CREMATION

REMOVAL (SPECIFY)

BINDIN

FOR

RESERVED

MARGIN

OA. USUAL OCCUPATION (Give kind of)

even if retired):

13. FATHER'S NAME:

work done during most of working life,

15. WAS DECEMBED EVER IN U.S. ARMED FORCES!

(Yes, no, or unk.) (If Yes, give war or dates

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

19A. DATE OF OPERATION:

STATING UNDERLYING CAUSE LAST.

21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH

BY LOCAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

of service)

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

22. I hereby certify that I attended the deceased from ..././.

THEREOF

REGISTRAR'S

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

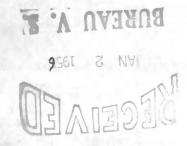
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	CERTIFICAT	E OF DEAL	Reg. Dis	t. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NE (HOME) OF DECEASE	ED:
COUNTY Prince Grow	CG 25 MARYLAND	STATE W.	Va. COUNTY	
CITY (If outside corporate limits, wri	RURAL LENGTH OF STAT	CITY(If outside	corporate limits, write RURAL	and give nearest tow
OR and give hearest town	md. (in this place)	OR TOWN NIC	Turshura/	85x-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS TO NES	Deoretes Sen. Hos	STREET ADDRESS	(If rury give location	"If
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)		tryE	DEATH: DEC.	27 1953
RACE: WIDE	OWED, DIVORCED, 8 DATE	6,1889	O. AGE last birthday IF UNDER 1  Months yrs.	Days Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	10B. KIND OF BUSINESS OR ANDUSTRY:	West 1	State or foreign country): 12.	CITIZEN OF WH.
13. FATHER'S NAME: Palle Louis		14 MOTHER'S MA	IDEN NAME:	h
(Yes, no, or unk.) (If Yes, give war or dat of service)		17, INFORMANT &	ADDRESS:	ilm WV
	18. MEDICAL CERTIFICA	TION	Try / acous	INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECT				ONSET AND DEA
451X	(A) Perfer	tel on	euryou of	It ay
ANTECEDENT CAUSE (8)	DUE TO		ashtud	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		Jody - Joseph - Josep	
II OTHER SIGNIFICANT CONDITIONS	(C)			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	TO THE			
	JOR FINDINGS OF OPERATION	ON		20. AUTOPSY
0	Y			YES NO S
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fa OF INJURY; street, office bldg	ctory, 21c. WHERE D	ID (City or town) (Court?	nty) (State)
21D. TIME (Month) (Day) (Year) (House OF INJURY	While Not while	D   21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended	d the deceased from /3 /	15., 19.11, to ./	5/27 , 19. 1), that I las	t saw the decor
		therefore a warring and trained	272, 15, that I las	t saw the deceas
11117 15	and that death occurred a	t 5 // M, from th		stated above.
alive on 1957, 1955, signature	and that death occurred a	M. D. 7909 C	la man St DA	TE SIGNED
alive on 1437, 1951,	and that death occurred a	ADDRESS		TE SIGNED

MARGIN RESERVED FOR BINDING

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VS. A15-10-53



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1	? .	3	/
C	<.	1		./

LWWG CERTIFICATE	C OF DEATH Reg. Dist	. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
to a de amé		
COUNTY / FINCE (SENGES MARYLAND  CITY (If outside corporate Jimits, write RURAL LENGTH OF STAY)	STATE COUNTY	
OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL	and give nearest town
88 TOWN Cheverly 26 days	TOWN Washington, D.	1, 47x-3
MOSPITAL OR INSTITUTION OR STREET ADDRESS / nee George's General Hospital	STREET / If rural give location) ADDRESS / 403 Critten den	Street V
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (	Day) (Year)
(Type or Print) Denjamin	Urman DEATH: 12 -	34 1955
Male COLOR OR 7. SINGLE. MARRIED 8. DATE WIDOWED DIVORCED, (Specify) arried - 111.		Days Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY
13. FATHER'S NAME: /	14. MOTHER'S MAIDEN NAME:	OID. Fl.
A. h		
impine	/ Continue	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Atatistic Cand	
18. MEDICAL GERTIFICAT	ION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
IMMEDIATE CAUSE (A) Carcun	oma of Bladder	6 months
ANTECEDENT CAUSE (S)	1	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	V	
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH		
198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	ory, etc. 21c. WHERE DID (City or town) (Counterte. INJURY OCCUR?	ty) (State)
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	28, 1955, to 12/24, 1957 that I last	saw the decesse
alive on 1935 and that death occurred at SIGNATURE	, 12, 110m the causes and on the date	re signed
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR Dumanah & Sa	ADDRESS DE
the state of the s		



ADDRESS

# 12293 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EXAMINER'S CERTIFICATE OF DEATH

MINDIONE EXAMINATION OF CITE	THICKIE OF DEATH	NO
1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY Prince george MARYLAND	STATE Marylan COUNTY Prince	Lover
CITY (If outside corporate linits, write RURAL OR and give nearest town)  TOWN (In this place)	CITY (If outside corporate limits write RURAL an OR TOWN Lestrest / Leghs	d give negrest town)
INSTITUTION OR STREET ADDRESS 3/2/ Ramblewood Druin	STREET ADDRESS 3/2/ Camblework	herme /
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Ond Elezabeth	(Last) 4. DATE (Month) (Da OF DEATH /2 /	y) (Year) J - 19 J J
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specifical Specifical	26, 1876 69 yrs. Months I	Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work life, work done during most of work life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
13. FATHER'S NAME:  Januel Gashins	14. MOTHER'S MAIBEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes., no, or unk.) (If Yes, give war or dates of service)	alma Haardt, Mutust	Harpet
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)	sting heart failure	ONSET AND DEATH
Antecedent cause(s)	les no charles	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \( \text{F} \)
21a. FXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bidg., etc INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes , Acci	ident □, Suicide □, Homicide □, Undete CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	PATE SIGNED
James J. Josh	M. D. ASSISTANT MEDICAL EXAM.	12-15-53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or c	county) (State)

24. FUNERAL DIRECTOR

VS. A15A - 5 - 53

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully age is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

DEC 84 1892

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9	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12243 CERTIFICATE OF DEATH Reg. Dist.	1223()
1	>	Reg. Dist.	No. 245
0	tion carefully.	I and the desirent town //	9 corqes nd give nearest town)
3/		HOSPITAL OR INSTITUTION OR BELAND MEM. HOSP.  TOWN 1 / 1/96 / 9  TOWN 2 / 1/96 / 9  TOWN	PQ. 14
	of ath	(Type or Print) Walter S. 9,9701) OF DEATH: 12	) (Year) 19 5 5
	ite of	Months Do No USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS) 11. BIRTHPLACE (State or foreign country): 112.	Hours   Min.
DING	Supply every te the causes		L. J. R.
FOR BINDIN	K. wri	(Yes, no, or unk.) (If Yes, kive war or dates)  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS;	
	G IN	of service)  18. MEDICAL CERTIFICATION	
	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RESERVED	UNFAD sicians:	33/X IMMEDIATE CAUSE (A) INTEGRALLE hemon haze	zulis.
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	years.
MARGIN		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
X	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	PLAINLY, W	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
	70	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	100 100
. 10 - 53	SE TYPE OR	22. I hereby certify that I attended the deceased from DEC. J, 1957, to DEC. 3, 1957, that I last alive on DEC. 3, 1957, and that death occurred at 729 AM, from the causes and on the date s SIGNATURE DEC.	tated above.
A15 —	EASE	23. BURIAL. CREMATION. DATE THEREOF NAME, OF CEMETERY OR CHEMATORY LOCATION (City, Town, or Burial Specify) Lee 6. 1917 Lincoln country Colman Man	ov. ned (State)
ó	PL	DATE REC'D BY LOCAL REGISTRAR'S SCHATURE 24 FUNERAL DIRECTOR	-ADDRESS /

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12244 CERTIFICATE OF DEATH

E, 18 12231 Reg. Dist. No. 239

	2006, 22,000	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	20
COUNTY / risse ( Ao aco MARYLAND	STATE Mauland COUNT	ry Pa Clero
CITY (If outside corporate lights write RURALLI ENCTH OF STAY	CITY (If outside corporate limits, write RURAL and	
TOWN (in this place)	TOWN Lawel	41
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	7 /
00 STREET ADDRESS 501 James Cenema	501 Garman as	ne
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH:   9. AGE last birthday: IF UNDER 1 YE	19 S S
RACE: WIDOWED, DIVORCED, (Specify):	8 7 yrs. Months Day	
10a. USUAL OCCUPATION. Give kind of   10b. KIND OF BUSINESS O	R   II. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHA
work done during most of working life, even if retired:	A Reisterstam Manyland	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lewis as and	Mary Ham / Place	
	. INFORMANT ADDRESS:	
(Yes, no, or unk.) (If Yes, vive war or dates of service)	n. h h.	0 7.1
18. MEDICAL CERTIFICAT	TON Janus Joseph Dan	u, ma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Betwee
422.2 (Yulman	22.10	Onset And Dest
Immediate cause (a)	any xama	
Antecedent causes (s)	TO Hat To her	
Diseases or conditions, if any, (b)	line Heart Valuet	_
stating the underlying cause last. DUE TO	0 T	
(c) Chimie	· herceardille	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tie! Recurrent	
19 PATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
March Nac	•	Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF	(CITY OR TOWN) (COUNTY) (ST	(ATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY m. While Work At Work	Name	
22. I hereby certify that I attended the deceased from	1955, to 12/2-19 Sthat I last s	aw the deceased
	10:40 PM from the causes and on the date s	tated above.
(Degree or title)	ADDRESS	TE SIGNED
1. J. Cheren Mix.	gamel, mel. 12	12/33
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or con	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Larrel Man	ADDRESS
WEGISTRAR TO THE TOTAL OF THE T	24. FUNERAL DIRECTOR	0 %, 1
weeks and I mi I your ware	Weller Waraldon, dain	es mo

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INK.	please
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WITH	ortant.
PLAINLY,	pecially inc
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VS. A15A - 5 - 53

×	MARYLAND STATE DEPARTMENT OF HE	EALTH—BALTIMORE, 18	Reg 1 232
1		IFICATE OF DEATH	No. 23/
	I. PLACE OF DEATH:	. USUAL RESIDENCE (HOME) OF DECEASED:	
oly.	COUNTY June GERGEO MARYLAND	STATE MI COUNTY Prince	Sunges
legibly	CITY (If citside corporate lipits, write RURAL OR and give perget town) (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
and	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1-1
	STREET ADDRESS MEL GLOSGO GEN 1002P	4514-40 th 5 tree	8
clearly	DECEASED:	Last)  4. DATE (Month) (Day OF DEATH / 2 1	(Year)
			BAR IF UNDER 24 HRS.
death	13mall signal (Specify Harry of Jon.	-24,1896 5 9 yrs. Months Da	ys Hours Min.
of	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
	even if retired): 7) one	B. Carolina 1	1.5.9
causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
2	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17.	dettel underson	
th	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	. INFORMANT & ADDRESS:	1
ite	186	aughlir - Same ad	cress.
WI	18. MEDICAL  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CERTATICATION	INTERVAL BETWEEN
ease		t - 1 - 1 - 1 .	ONSET AND DEATH
ples	Immediate cause (a)	cardiovascular diseas	
	Antecedent cause(s)	condinens la dines	
ian	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	Conounter Busines	
sic	stating underlying cause last (c)		
Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
por	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,	21c. (City or town) (County)	Yes North
	PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.		(Dealer)
especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while Not while work □ at work □	21f. HOW DID INJURY OCCUR?	
oeci	INJURY  M.   work □ at work □  22. I hereby certify that I took charge of the remains described	d shove held an Autonsy I Inspection	Inquiry & and
esi	find that death resulted from: Natural causes 7, Acciden	nt □, Suicide □, Homicide □, Undeter	mined cause \(\pi\).
13	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
86	John J. Maloney Hyattonle Md	M. D. ASSISTANT MEDICAL EXAM.	12-21-55
00	REMOVAL (Specify):	OR CREMATORY LOCATION (City, town, or con	inty) (State)
	DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DERECTOR	ADDRESS
	REG Da /3 Vimuela / Durrey	Hoper Sime Succe 182	10-7 = 3ho
		wosh.	

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PLEASE WRITE PLAINLY, WITH UNFADING INK.

### MARYLAND STATE DEPARTMENT OF HEALTH

12213

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12233

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATEMARY Land COUNTYPr. Geo.
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this piace)  OR give nearest town)  TOWN HYAUTSVILLE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 3135 - Nicholson street
3. NAME OF (First) (Middle) DECEASED (Type or Print) Patrick	Greco   4. DATE (Month) (Day) (Year)  OF DEATH   12 - 18 19 5
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Mal' 11 00	8. DATE OF BIRTH 3/5/1892 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done during most of worlding life, even in retired). INDUSTRY Office	11. BIRTHPLACE (State or foreign country)  Cambridge, Mass.  12. CITIZEN OF WHAT COUNTRY S.A.
Salavatore Greco	Margaret Bensaia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or linknown) (If yes, give war or dates of NOne)	Joseph S. Greco (Son)
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  422.  Immediate cause  Antecedent cause(s)	the Preymanin.  Interval Between ONSET AND DEATH  Lag.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS	itis. 6 yes
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	derasej.
THE DATE OF OTERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   White at Not White   INJURY   Mork   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-2- alive on 12-18, 19.5.5, and that death occurred at 1.7 SIGNATURE (Degree or title)  23. BURIAL CREMATION DATE THEREON NAME OF CEMETE	5039 Kay gay Got lue. 12.18.55
	mt Rainer md

DEC 83 1822

DECEIVED

item of information carefully

Supply every causes

WRITE PLAINLY, WITH UNFADING INK.

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Physicians:

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OR age

PLEASE TYPE

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of death clearly and legibly

DATE REC'D

23. BURIAL, CREMATION,

BY LOCAL

DATE THEREOF

REGISTRAR'S

55

SIGNATURE

MARYLAND STATE DEPARTMEN	т об неагти вагтионе, 18 12234
12246 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town)  TOWN (in this place)	STATE Manyland COUNTY Trince Georges  CITY(If outside corporate limits, write RURAL and give nearest town)  OR  TOWN Chape / Oaks
HOSPITAL OR INSTITUTION OR TO STREET ADDRESS Prince Street ADDRESS	STREET (If rural give/location) ADDRESS 1/05 - 57 Flace
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATE Q. 2 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Married //-	OF BIRTH: 9. AGE last birthday 15 UNDER 1 YEAR 16 UNDER 24 HRS.  30-1889 6 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Washington, D. C. 12. CITIZEN OF WHAT
13. FATHER'S NAME:  James Green	14. MOTHER'S MAIDEN NAME:  Catherine (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  49/X  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)	ON INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	egree deu to Tobesory Vinnerio, Speral
19a. DATE OF OPERATION: 19s. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1 YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, //

NAME OF CEMETERY OR CREMATORY

AZICAS

LOCATION (City, town, or county)

State

ADDRESS P. 7

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MARGIN RES	UNFADING
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	PLAINLY,
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VS. A15A - 5 - 53

12247 MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	12235 Reg. Dist.
	RTIFICATE OF DEATH	No. 231
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Parace Sea Sea MARYLAND	STATE THE COUNTY (Yame)	Sinces
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give neerest town)
OR and give placest town) On TOWN (in this place)	TOWN Farment Aug	ME
HOSPITAL OR INSTITUTION OR STREET ADDRESS Runce Georges Sen. Hosp	ADDRESS 713 /2-59 (If rural, give location)	ace!
8. NAME OF DECEASED: (Type or Print)  (Eirst)  (Middle)  Gree	(Last) 4. DATE (Month) (Day OF DEATH 12 - 14	(Year)
Male Colored WIDOWED, DIVORCED, OC	1.21/150 OF yrs.	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	New york State 1	COUNTRY?
13. FATHER'S NAME; Greenfield	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.:  177-16-0430	17. INFORMANT & ADDRESS: Wife - Same address	
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause (a) Leate congre	lar renal disease	ONSET AND DEATH
DUE TO		
Antecedent cause(s)  Diseases or conditions, if any, (b)	Var renal disease	
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No
21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  OF Street, office bldg., et injury	с.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy 🔲, Inspection 🔀	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes , Acc	ibed above, held an Autopsy □, Inspection pident □, Suicide □, Homicide □, Undeter	mined cause []
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy ☐, Inspection ☐, ident ☐, Suicide ☐, Homicide ☐, Undeter CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes 7, Acc SIGNATURE  A CREMATION. DATE THEREOF NAME OF COMME	ibed above, held an Autopsy □, Inspection pident □, Suicide □, Homicide □, Undeter	DATE SIGNED
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes A. Acc SIGNATURE	ibed above, held an Autopsy   , Inspection   , ident   , Suicide   , Homicide   , Undeter   CHIEF MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   M. D. ASSISTANT MEDICAL EXAM.   CRY OR CREMATORY   LOCATION City, 1940, or 96	DATE SIGNED

DEC 10 102

BUREAU V. S.

MARYLA	ND S	TATE D	EPARTMENT	OF	HEALTH-	BALTIMORE,	18
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1	2218	CERTIFICATE	OF	DEATH
₽.	/ / / / 13		<u> </u>	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE

RE, 18 12236
Reg. Dist. No. 23

he	MARIDAND SINIE DEI MICHEN		4400
y. T	12248 CERTIFICATE	E OF DEATH Reg. Dist. No. 9	251
ull ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
ref	COUNTY PriNCE Gonge MARYLAND	STATE Mary for of COUNTY Prince 6	inne
le le	CITY (L outside corporate limits, write RURAL, LENGTH OF STAY)	CITY(If outside corporate limits, write RURAL and give	
no	38 OR and give pearest town) (in this place)	OR TOWN Kentland	· /
y 8	HOSPITAL OR	STREET (If rural give location)	
form	77 STREET ADDRESS Prince Genge Gen Hosp	ADDRESS 7617 Lomband S	T
of ir	3. NAME OF (First) (Middle) (DECEASED: (Type or Print)	A. DATE (Month) (Day) OF DEATH: /2 /3	(Year)
	5. SEX:  6. COLOR OR  7. SHIELE, MARRIED,   8. DATE		UNDER 24 HRS.
	7 RACE: WOOWED DIVERSED 91	6/1880 73 yrs.	fours   Min.
ever	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS WORK done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12. CITIZE	N OF WHAT
e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0 74
th	Gastte Smither	11 0	
Suite	15, WAS DECEASED EVER IN M.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
X.	(Yes, no, or unk.) (1) Yes, sile war or dates	mus ploying L. Tally	MO 1
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful correct age is especially important. Physicians: please write the causes of death clearly and legible in the cause of death clearly and legible in the	For pervices / // / /	1617 Jombond St Jack	nd my
	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTER	VAL BETWEEN
IC	260x 0 - 1. /1	00014	A DEATH
A]	IMMEDIATE CAUSE (A) Cleare of	yocardeal Inforction /	day
Neis	ANTECEDENT CAUSE (S)	- 4.00.1	01.
~	DISEASES OR CONDITIONS, IF ANY, (B)	6 Melle tue 21	riples
TH	STATING UNDERLYING CAUSE LAST.		
WI It.	(C)		
~ 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
IL	DISEASE OR CONDITION CAUSING DEATH.		
3	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. YES	AUTORSY1
re P	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facture or contributing Cause of Death (If either, notify medical examiner)	ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
RI	21p. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
× m	OF INJURY While M. While at work at work		
	22. I hereby certify that I attended the deceased from	, 19 1, to 12-3-, 19 1, that I last saw t	he deceased
PE 8	alive on 2 - 3 , 19 , and that death occurred at	M, from the causes and on the date stated	above.
	( ) he what all to an		2-3-55
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		
E E	Junea 1x/6/23 // askin	gion l'all surlava, l	ria.
P	DATÉ RECED BY LOCAL RESISTRAR'S SIGNATURE	1) When here A. 577-41	355 SE

DEC 1 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12237 Reg. Dist. 37
	No. 231
1. PLACE OF DEATH:  COUNTY STATE  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED:  COUNTY CO	
CITY (If outside corporate finits, write RURAL LENGTH OF STAY (If outside corporate limits write RURAL and OR and corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MILE GLOSCES GEN HOSE STREET ADDRESS 5113 Benning	Road'
3. NAME OF DECEASED: (Middle) Grant Grant (Month) (Day) OF DEATH 12-11.	(Year) 1953
5. SEX: 6. COLOR OR WIDOWED, DIVORCED, Specify: Waldow 5-1-1885 9. AGE last birthday: IF UNDER 1 YE Months Day	ys Hours   Min.
work done during most of work life, INDUSTRY:  even if retlred): Washington, D. C. 9	COUNTRY?
13. FATHER'S NAME 2. Mace 14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give var or dates of Service) Work Work Morie Schofield - Som	n addus
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Leate congestive hart failure  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Myledimar - Shock du to I une to DISEASE OR CONDITION CAUSING DEATH.	anma.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes Nov
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY   10   10   10   10   10   10   10   1	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 1 - 26 - 55 1 - 65 M. Work at work 2	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetersor , SIGNATURE , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
DATE REC'D BY LOCAL REGISTAR'S SIGNATURE    Canal Control Cont	ADDRESS (State)
REG. 12/55 Umanda Downey W. W. CHAMBERS Co-517-	117575 E.

SEC 16 1955

DECENSED

law requires that the death certificate be executed within

ATTENDING PHYS

INSTRUCTIONS

## 12214 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF DECEASE	D
COUNTY PRINCE GEORGES MARYLAND	STATE D. C.	COUNTY	
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (Il outside corpore	te limits, write RURAL and give nea	arest town)
5 OR end give nearest town) 15 TOWN HYATTSVILLE 2 MO.	OR TOWN WASHI	NGTON	47X-3
HOSPITAL OR Sacred Heart Home	STREET	(If rurel give location)	
STREET ADDRESS 5805 Queens Chapel Road	ADDRESS 1499	Irving Stree	t. N. W.
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
DECEASED	BERNATOR	DEATH 12 -	16 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH 9.		R 1 YEAR   IF UNDER 24 HRS.
Female White Specify Single 7-2	7-73	82 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	Danna		COUNTRY?
3. FATHER'S NAME	Penna .	AME .	U.S.A.
JAMES GUBERNATOR		INE RILEY	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.		DRESS Miss Cathe	nine Metz
(Yes, no, or unk,) (If Yes, give wer or detes of service)			
no pp		h. St.N.W. W	ash. D. C.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION		ONSET AND DEATH
CERERRAT WASCI	ILAR HEMORRHAC	CTC1	7 days
1.4	ILIAA HAMUAASAL	T.B.	1 44, 5
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  OUT TO TH			
STATING UNDERLYING CAUSE LAST. DUE TO			146 156
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	Street, to	7 × 7 + 128	
90. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Cou	
Ald. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Mot while et work	21f. HOW DID INJURY OCCUR?		
	2 40 55 . 12	/16 10 EE 1 11	1
22. I hereby certify that I attended the deceased from 10/12	72301	that I , ترزيز اللهاماني ,	last saw the deceased
alive on12/15, 19.55, and that death occurred			
SIGNATURE .	ADDRI	ESS (Street, city, town, stete)	DATE SIGNED
Opportuno y allam M.D.		E. Wash. D.C.	12/16/55
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	R CREMATORY	LOCATION (City, Iown, or county	(Stete)
	t Cemetery	Washington	D. C.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SI	GNATURE 3821	APPRISE D. ST. N.
Dec. 18 1955 Mrs. Jas. Devere)	Trances y	Collins Wash	. D. C.
1 Nepu	tic.	11 00 0 1	
()	w U		

ALLEPONETAN WITHOUT OF MEATHER GARLETIAN alex en PIARONIE OF DEATH THE LOCALL SEPTEMBERS Bt have A A STATE OF VOTUDO SE ESPECIA VANCON EN TOPO O PROPERTO SUREAU V. S.

U		tem 18 FilmG192 ams Item 1, CERTIFICATE OF DEATH Reg. Di	st. No. 23
7	carefully. legibly.	1. PLACE OF DEATH: 27 Funty Flower Forges  2. USUAL RESIDENCE (HOME) OF DECEASE  COUNTY Property Forger MARYLAND  STATE May for COUNTY Page  CITY (If outside corporate limits, write RURAL LENGTH OF STAY)  CITY (If outside corporate limits, write RURAL)	ice Gourges
M)		X TOWN Near Cheverly (in this place) OR TOWN Sear Pleasant	X
1	nforma	HOSPITAL OR INSTITUTION OR DECEASED was a patient at ADDRESS STREET ADDRESS PERSON OF STREET ADDRESS O	n)
	f in th c	3. NAME OF (First) (Middle) (Last) 4./DATE (Month) DECEASED: OF (2)	(Day) (Year)
	item of information of death clearly and	(Type or Print) LINFORD (Type or Print) LINFORD (Type or Print) LINFORD (Type or Print) LINFORD (Type or Print) DEATH:  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED: 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER Months (Specify): 13/08 47 yrs.	19 5 5  I YEAR   IF UNDER 24 HRS.  Days   Hours   Min.
DIING	oly every	10A. USUAL OCCUPATION (Give kind of working life, even if retired).  13. FATHER'S NAME:  10B. KIND OF BUSINESS OR INDUSTRY:  OR INDUSTRY:  CONNE   S. V.	COUNTRY?
FOR BINDIN	K. Supply write the	18. WAS DECEASED EVER IN U.B. ARMED FORCEST   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
OR	INK.	(Yes, (no) or unk.) (If Yes, give war or dates 579-22-8410 CHART	
MARGIN RESERVED I	ADING IN	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
SE	UNFA	ANTECEDENT CAUSE (S)  (A) CONCESTIVE HEART FAILURE  OUE TO ? CORONARY OCCLUSION	DIMERRY
RE		DISEASES OR CONDITIONS, IF ANY, (B) HYPERTENSION	5 years
RGIN	WITH nt. Phys	STATING UNDERLYING CAUSE LAST. (C) NEPHEDSCLEROSIS	
MA	~ 8	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	est	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Contribution of the contribution of the c	unty) (State)
4	P 200	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
A15 — 10 - 53	LEASE TYPE OR correct age is	Burial (SPECIFY) Lac 14. 190 5 Colesville Methods Colesville, 190 5 Colesville, Colesville	e stated above.  ATE SIGNED  ATE SIGNED  OF County (State)
rô	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 SUNERAL DIRECTOR 1	ADDRESS)

Chanda D Kune

REGISTRAR

VS.



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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12250 CERTIFICATE OF DEATH

Reg. Dist. No. 23/

12240

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	ASED:
COUNTY Trings SergES MARYLAND	STATE Md COUNTY to	620.
CITY (If outside corporate limits, write RURAL CENGTH OF STAY and give nearest town)  TOWN  (in this place)	CITY(If outside corporate limits, write RURA OR TOWN  OR TOWN	Land give nearest town)
HOSPITAL OR INSTITUTION OR TINE DEORGES GEN. HOSP	STREET (If rural give locat	ion)
DECEASED:	(Last)  4. DATE (Month)  OF DEATH: /2	(Day) (Year) 3 ( 19 5.5
	OF BIRTH: 9. AGE last birthday Months	R 1 YEAR IF UNDER 24 HRS.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
norman Harrison	Mary Diggs	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1	ONSET AND DEATH
IMMEDIATE CAUSE (A) ASTAO DU	ban Hoscess	month
ANTECEDENT CAUSE (S)	4	2
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	A Tosis - Primary	
(c) \$:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	unde Teconined -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ttory. 21c. WHERE DID (Clty or town) (C), etc. INJURY OCCUR?	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to	ast saw the deceased
alive on	045	
SIGNATURE  SIGNATURE  ADDRESS  DATE SIGNED  M. D.  M. D.		
	1. D. My Camer Ma	1431/11
	el Cemetey Lipper Man	(State)
17-7-36		I ILLE



carefully The

of death clearly and legibly.

write the causes

please

Physicians:

important.

especially

87 OR age

correct

TYPE

PLEASE

Supply every item of information

WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	12241
12251 CERTIFICATE	E OF DEATH Reg. Dist. 1	No. 23/
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY POLICE CONTRACTOR MARY AND	STATE MD COUNTY PO. G	5 A
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	
OR and give nearest town) (in this place)	OR TOWN Czder Heights	×
HOSPITAL OR INSTITUTION OR FINE GEORGES GEM. HOSP.	ADDRESS 64th & Jay Sts.	/
DECEASED:	(Last) 4. DATE (Month) (Day OF DEATH: 12-36	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. 4. O. (Specify):	OF BIRTH: 9. AGE last birthday Ir UNDER 1 YEAR 2 / S / 9 79 Why yrs. Months Day	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CI	TIZEN OF WHAT
13. FATHER'S NAME:	Harrett	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Tertrade Washington (	(ownin)
18. MEDICAL CERTIFICAT	ION J II	NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DISET AND DEATH
IMMEDIATE CAUSE (A)	can es vit melalans	weeks
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	skericken ortichel	year
(C) CONCERNE CANEL CONDITIONS CONTRIBUTING	in ichem on the contract	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	le account	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last s	aw the deceased
alive on	M, from the causes and on the date stands of the date stands on the date stands on the date stands on the da	ated above. SIGNED  7 30/51
DATE RECID BY LOCAL   REGISTRAR'S SIGNATURE		ADDRESS,
REGISTRAR 30/55 Umanda Douney	John I Stewart 30	-HIAME



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Physicians:

important.

especially

13.

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PLEASE WRITE

I. PLACE OF

3. NAME OF DECEASED:

13. FATHER'S N

15 WAS DECRASE

(Yes, no, or unk.

1. DISEASES (

19a. DATE OF O

5. SEX: Male 10a. USUAL OC

# PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12242			
12295 CERTIFICATE OF DEATH Reg. Dist.	No. 243			
PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Prince Georges MARYLAND STATE D C COUN	TV -			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN Glenn Dale (rural)  LENGTH OF STAY (If outside corporate limits, write RURAL at OR TOWN Washington				
HOSPITAL OR STREET ADDRESS Glenn Dale Hospital  HOSPITAL OR STREET ADDRESS Glenn Dale Hospital  Washington (If rural give location) 918 H. St., N. W.	4/12-4			
NAME OF DECEASED: (Middle) (Middle) (Middle) (Day OF DECEASED: (Type or Print) ROGER. WILIAM HEALEY. (Month) (Day DEATH: /2 2	(Year) 19 5 5			
ale (White (Specify): Widowed   9/13/02   53 yrs.   2   10	Hours Min.			
work done during most of working life, INDUSTRY:	COUNTRY?			
FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:				
Patrick Healey Emma Veronica Mack				
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: 8, no, or unk.) (If Yes, give war or dates of service) 578-21-7611. Decedent				
18. MEDICAL CERTIFICATION	Intervai Between			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death			
Immediate cause (a) Wr ruhuvuale	22 mm			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause  (b)  Pulmany Cupluplina  11 (up)				
stating the underlying cause last. DUE TO grow clual as Phena 22 uns				
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	3 yrs 2 was			
DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION (	Yes No			
ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (S	STATE)			

OF INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? OF Not While At Work While at Work INJURY ,1955, to 22. I hereby certify that I attended the deceased from 19.55, that I last saw the deceased PH, from the causes and on the date stated above.

DATE SIGNED 55 alive on .../ and that death occurred at ADDRESS (Degree or title) Dale LOCATION (City, town, or county) (State)

BURIAL, CRIMATION, REMOVAL (Specify)

DATE REC'D BY LOCAL REGISTRAR
3 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

DEC 6 1622

EGENALD.

1. PLACE OF DEATH:  COUNTY TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TOWN  OF STATE Md.  A DATE (Month) IDay) (Year)  STREET ADDRESS  STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  TO FEATH ADVENTMENT ON TOWN  OF STATE Md.  A DATE (Month) IDay) (Year)  STREET ADDRESS  STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  STATE Md.  A DATE (Month) IDay) (Year)  STREET ADDRESS  STATE Md.  COUNTY TOWN  MOSPITAL OR  STREET ADDRESS  STREET ADDRESS  STATE Md.  STREET ADDRESS  STATE Md.  STREET ADDRESS  STREET ADDR	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  12252 CERTIFICATE OF DEATH  Reg. Dist	12243
10. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR ONNITRY): 12. CITIZEN OF WINDSHIPY: OWN Work done during pysit of working life, even if retired in Just of the loss of the los	carefully.	1. PLACE OF DEATH:  COUNTY To Ce Georges MARYLAND  CITY (If outside corporate limits, write RURAL or town)  OR and give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF OF COUNTY  DECEASED:  COUNTY To COUNT	D:  Ce Georgia  and give nearest town)  Coa d  Day (Year)
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  ANTECOPENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  194 DATE OF OPERATION:  198. MADIOR FINDINGS OF OPERATION  20. AUTOPSY YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at a	R BINDING  K. Supply every write the causes	5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   10 NOER 1	DEYS HOURS 24 HRS.  CITIZEN OF WHAT COUNTRY?
DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSY YES NO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. (If EITHER, NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED NOT While Not while Not while Not while at work at work at work ADDRESS AD	GIN RESERVED THH UNFADING Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	INTERVAL BETWEEN ONSET AND DEATH  4 20 11
22. I hereby certify that I attended the deceased from 9 - ( - , 1955, to /2/10, 1955, that I last saw the deceased alive on signature of the signature of	PLAINL'	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF OPERATION  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	A15 — 10 - 53  EASE TYPE OR V  correct age is	22. I hereby certify that I attended the deceased from 9 - 1955 to 12/10 1955, that I last alive on 12 10 1955, and that death occurred at 13 M, from the causes and on the date scenarios. Date thereof Name of Cemetery of Chematory Location (City, town, or BURIAL (SPECIFY) Dec 14, 1955 Fort Lincoln Cemetery Colmar Manor, Ma	stated above. re signed 2-/0.55 county) ryland. (State)

LOCATION (City, town, or county)
Colmar Manor, Maryland. (State NAME OF CEMETERY OR CREMATORY LOS Fort Lincoln Congtery Col Dec 14, 1955 BURIAL CREMATION, REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS F. Gasch's Sons Hyattsville, Md.

DEC 16 1955
BUREAU V.

executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12244

# 12296 CERTIFICATE OF DEATH

Reg. Dist. No. 242

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY (If outside corporate limits, write RURAL ond give neerest town) OR OXON HILL, MARYLAND HOSPITAL OR INSTITUTION OR STREET ADDRESS  217-AUDDREY LANE, OXON HILL, MD.  3. NAME OF DECEASED (Type or Print) MARY  5. SEX  6. COLOR OR  7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,  CITY (If outside corporate limits, write RURAL and give neerest town) OXON HILL, MARYLAND  CITY (If outside corporate limits, write RURAL and give neerest town) OXON HILL, MARYLAND  STREET ADDRESS  APT. 402 (If rurel give location) ADDRESS  APT. 402  (If rurel give location) APT.  APT. 402  (If rurel give location) APT.  ADDRESS  APT. 402  (If rurel give location) APT.  APT. 40	COUNTY PRINCE GEORGES C	OUNTY MARYLAND	STATE MARYLAN	ID COUNTY	PRINCE GEO	RGES
TOWN OXON HILL, MARYLAND  VEARS  TOWN OXON HILL, MARYLAND  STREET ADDRESS  217—AUDREY LANE, OXON HILL, MARYLAND  1. STREET ADDRESS  217—AUDREY LANE, OXON HILL, MARYLAND  218—ACCEPT (Irver)  MARY  1. DECEASED (Irver)  MARY  MARCARET HERLIHY  1. DECEASED (Irver)  MARCARET HERLIH  MARCARET HERLIH	CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor		10 1 10 11 11 11 11 11 11 11	
STREET ADDRESS   APT. 402   (Proved give incention)	TOWN	- WEADC		TTT MADVE AN	ID CTASS I	KANOP
ADDRESS APT - QUE STREET ADDRESS 217 - AUDDREY LANE, OXON HILL, MD.  217 - AUDREY LANE, OXON HILL, MARYLAND  218 - AURE OF OFFICE OBJECTASED (Type or Frind)  MARY  3. NAME OF DECKASED (Type or Frind)  MARY  3. SNGIE, MARRIED, WIDOWOOD, DIONCED, S. SEX  ACC C WOOWOOD, DIONCED, S. SEX  BETT-AUDREY LANE, S. WOOWOOD, S. SEX  BURNAL C SEX  BURNAL C SEX	A OXON HILL MARYLAN	D I ILAND	OAON E	All and all		KNUK
Comparing Comp	INSTITUTION OF	LANE, OXON HILL, MD.	ADDRESS AP 1. 4	202		
S. SEX ACCORD RY 7. SINGLE, MARKED SECURITY NO. 11. BISTAPLACE (State or foreign country) 12. CHIEN OF WHAT COUNTRY (STATE OF INDUSTRY 18). ASSACHUSETTS 13. CHIEN OF WHAT COUNTRY (STATE OF INDUSTRY 18). ASSACHUSETTS 14. MORELY PART (STATE OF INDUSTRY 18). ASSACHUSETTS 15. CHIEN OF WHAT COUNTRY 18). ASSACHUSETTS 15. CHIEN OF WHAT COUNTRY 18. MORNING DAY. AND CHIEN OF WHAT COUNTRY 19. AND CHIEF OF		(Middle)	(Lest)		ith) (Dey)	(Yeer)
5. SEX 6. COLOR OR RACE TO LONG TO RACE TO STRING TO THE PLANE THE PLANE THE PLANE TO THE PLANE THE P		Л.	HICKEY		ECEMBER 15	th 1955
FEMALE  10. USUAL OCCUPATION (Give hind of work in the interior)  10. USUAL OCCUPATION (Give hind of work in the interior)  10. USUAL OCCUPATION (Give hind of work in the interior)  11. BRTHPLACE (Islee or foreign county)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  DANI EL, SULLIVAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  OXON HILL, MD.  MR. JOHN L. HICKEY  ONER AND DEATH  IMMEDIATE CAUSE  (A)  ANTECIDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  (B)  OSCIAL SECURITY NO.  16. MEDICAL CERTIFICATION  IMMEDIATE CAUSE  (A)  ANTECIDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  (B)  OSCIAL SECURITY NO.  TO THE REAL CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  (B)  OSCIAL SECURITY NO.  TO THE REAL PROJUCE CAUSE  STATING UNDERLYING  TO THE ADDRESS	5. SEX   6. COLOR OR   7. SIN	GLE, MARRIED,   8. DATE				
done during most of working life, even if refired HOUSENTFE HOME MAKER GRANVILLE, MASSACHUSETTS U.S. A.  13. FATHER'S MAME  DANIEL SULLIVAN  15. WAS DECEASED EVEN IN U. S. ARABE FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT & ADDRESS) (17. INFORMANT & ADDRESS) OXON HILL, MID.  MR. JOHN L. HICKEY (SON) 217—AUDREY LANI IMMEDIATE CAUSE (A)  IMM	FEMALE WHITE (Sp.	city) WI DOWED OC!				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  13. FATHER'S NAME  DANIEL SULLIVAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  OXON HILL, M.D.  MR. JOHN L. HICKEY (SON) 217—AUDREY LAND  NITERVAL BETWEEN  NITERVAL BETWEEN  NITERVAL BETWEEN  NITERVAL BETWEEN  NITERVAL BETWEEN  OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  ANTECEDENT CAUSE(S)  DUE TO  OSSASS OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING  OR CONTRIBUTING CAUSE (AUSE CAUSE CAUSE)  OF INJURY street, office blogs, etc.)  OF INJURY Street, office blogs, etc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stete)  22. I hereby certify that I attended the deceased from			11. BIRTHPLACE (State or foreign	gn country)		
13. FATHER'S NAME  DANT EL SULLIVAN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or deles of service)  16. SOCIAL SECURITY NO.  17. NEFORMANT & ADDRESS  OXON HILL, MD.  NIFEVAL BETWEEN OXIST AND DEATH  18. MEDICAL CERTIFICATION  19. MARCIART CAUSE  ANTECEDENT CAUSE(S)  DUE TO DISEASES OR CONDITIONS, IF ANY, OVINNO RISE TO THE ABOVE CAUSE LAST, OCCUPANTIAN OF ARTHOUGH CAUSE AND OCCUPANT OF INDUST AND DEATH  19. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION  AND CREMETOR  ADDRESS (Street, city, town, stele)  DATE SIGNATURE  19. ACCIDENT WAS UNDERLYING ADDRESS OR CONTRIBUTED  ADDRESS OR CONTRIBUTED  ADDRESS OR CONTRIBUTION OR CONTRI	ratired)		GRANVILLE, MAS	SACHUSETTS	U.S.	Λ.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (17. INFORMANT & ADDRESS (1		TROUBLY BURNERS				
(Fes, no, or unk.) (If Yes, give wer or detes of service)  MR. JOHN L. HICKEY (SON) 217—AUDREY LAN  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION (STATE PROPERTIES (P)  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  (F)  PETHER, NOTEY MEDICAL EXAMINER)  (B)  20. AUTOPSY?  YES NO  OF INJURY street, office bidgo, etc.)  (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING CAUSING DEATH  (C)  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF INJURY street, office bidgo, etc.)  (C)  (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OF INJURY STREET, OF INJURY OF INJURY OCCUR?  WHERE DID INJURY OCCUR?  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	DANIEL SULLIVAN					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONTRIBUTING CAUSE LAST,  (B)  (C)  19. MAJOR FINDINGS OF OPERATION  21e, ACCIDENT WAS UNDERLYING AUSERY OF INJURY street, office bidg., etc.)  21e, ACCIDENT WAS UNDERLYING (CAUSE OF DEATH  (FETHER, NOTITY MEDICAL EXAMINER)  AND  22. I hereby certify that I attended the deceased from			17. INFORMANT & A	DDRESS	OXON HI	CLL, MD.
INTERVAL BETWEEN  IMMEDIATE CAUSE  (A)  OUT TO  (B)  OUT TO  (B)  OUT TO  (B)  OUT TO  (C)  II OTHER SIGNIFICANT CONDITIONS ON TRIBUTING  TO THE DEATH UT NOT RELATED TO THE  DISEASES OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  191. MAJOR FINDINGS OF OPERATION  201. ACCIDENT WAS UNDERLYING OAUSING DEATH.  192. DATE OF OPERATION  194. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  216. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stete)  22. I hereby certify that I attended the deceased from Major work of work of work of work of work of work.  23. BURIAL, CREMATION, REMATION, REMOVAL (SPECIFY)  DATE SIGNATURE  M. D.  (Stete)  M. D.  OUT TO COUNTY  OF INJURY STREET, and that death occurred at. ADRESS (Street, city, town, ete)  DATE SIGNED  M. D.  OUT TO COUNTY  OF INJURY STREET, AND COUNTY  OF INJURY OCCUR?  While of INJURY OCCUR?  OF INJURY OCCUR?  While of Work of	(If Yes, give wer or detes of ser	(ice)	MR.JOHN I	. HICKEY (S	SON) 217-AUI	DREY LANE
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OF INJURY OF OF PERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21e. ACCIDENT WAS UNDERLYING OF OPERATION  21e. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bidg., etc.) (FITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED With etwork  22. I hereby certify that I attended the deceased from 19. M. etwork  22. I hereby certify that I attended the deceased from 19. M. of while etwork  23. BURIAL, CREMATION, REMOVAL (SPECIET) BURTAL  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  ADDRESS (Street, city, town, stele)  ADDRESS SIGNATURE					INTER	VAL BETWEEN
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING 22b. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (FETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. DISEASE ON CONTRIBUTING CAUSE OF DEATH M. DISEASE ON CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (C)  21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)  22l. Hereby certify that I attended the deceased from	1 DISEASES OR CONDITIONS DIRECTLY LEADING		11. 120		7 /	3.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19°. DATE OF OPERATION  19°. DATE OF OPERATION  19°. DATE OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stote)  21d. TIME OF INJURY (Month) (Dey)  (Peer) (Hour)  M. While et work  21d. TIME OF INJURY (Month) (Dey)  (Peer) (Hour)  M. OCCURRED While et work  21d. HOW DID INJURY OCCUR?  While et work  21d. HOW DID INJURY OCCUR?  While et work  ADDRESS (Street, city, town, stete)  DATE SIGNED  M. D.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  SIGNATURE  ADDRESS  ADDRESS  SIGNATURE  ADDRESS  ADDRE	177 A IMMEDIATE CAUSE (A)	Clarone - 120	ould all all	or allow t	100	(XI)
GIVING RISE TO THE ABOVE CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stete)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stete)  22c. I hereby certify that I attended the deceased from	ANTECEDENT CAUSE(S) DUE TO	13 1- 101	670	/.	5 11	
STATING UNDERLYING CAUSE LAST. UP 10  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE FOR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  20. AUTOPSY? YES NO  21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While of work of work  21f. HOW DID INJURY OCCUR? While of work  22f. How DID INJURY OCCUR? While of work  22f. How DID INJURY OCCUR?  While of work  22f. How DID INJURY OCCUR?  While of work  22f. How DID INJURY OCCUR?  While of work  22f. HOW DID INJURY OCCUR?  While of work  ADDRESS (Street, city, town, stele)  DATE SIGNED  23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  25. WHERE DID INJURY OCCUR?  (City or town)  26. AUTOPSY? YES NO  27. WHERE DID INJURY OCCUR? (City or town)  28. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stele)  Springft fild, Massachiuse Address  A	DISEASES OR CONDITIONS, IF ANY, (B)	archier DEC	6.03315 - 74-	Ecolo Recept	e 4	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE FOR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21c. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  21e. INJURY OCCURRED While of work  21f. HOW DID INJURY OCCUR? While of work  22f. How DID INJURY OCCUR? While of work  22f. How DID INJURY OCCUR? While of work  22f. How DID INJURY OCCUR?  While of work  2	STATING UNDERLYING CAUSE LAST, DUE TO					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stote)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stote)  22c. INJURY OCCUR? (City or town)  (County)  (Stote)  22c. INJURY OCCUR?  (Injury (Month) (Dey)  (Injury (Court) (Dey)  (Injury (Court) (Dey)  (Injury (Dey) (Dey)  (Injury (Dey) (Dey)  (Injury (Dey) (Dey) (Dey)  (Injury (Dey) (Dey) (Dey) (Dey)  (Injury (Dey) (Dey) (Dey) (Dey) (Dey) (Dey) (Dey)  (Injury (Dey)						
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  (County) (County) (County)  (County) (County) (County) (County)  (County) (	TO THE DEATH BUT NOT RELATED TO THE	<u> </u>				
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED While   Not while   et work   21f. HOW DID INJURY OCCUR?  While   Not while   Not while   et work   21f. HOW DID INJURY OCCUR?  22e. I hereby certify that I attended the deceased from   19   19   19   19   19   19   19   1	190. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While et work et work alive on					11111	
22. I hereby certify that I attended the deceased from	OR CONTRIBUTING   CAUSE OF DEATH   OF INJ	JRY street, office bldg., etc.)	ZIC. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)
22. I hereby certify that I attended the deceased from	21d, TIME OF INJURY (Month) (Dey) (Yeer) (H		21f. HOW DID INJURY OCCUR	17		
alive on						
alive on	22 I haraby cartify that I attended	the deceased from	1953 101000	· 15 10 )	That   last saw	the deceased
ADDRESS (Street, city, town, stete)  ADDRESS (Street, city, stete)  ADDR			4 L ***			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  ADDRESS		i, and that death occurred				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  12/16/55  St. MICHAEL  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  REGISTRAR'S SIGNATURE  1300 - N. L	BIGHATURE (		in A	(5,000), 1041	( /	E
REMOVAL (SPECIFY)  BURIAL  12/16/55 St. MICHAEL SPRINGFT FLD, MASSACHUSETTS  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  ADDRESS  ADDRES	- 10 200 L		D CREWATORY	LACCATION (Similar	O / FF / R	16000
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25 PUNERA DIRECTOR'S SIGNATURE ADDRESS 1300 - N. L.	REMOVAL (SPECIFY)	NAME OF CEMETERY O	K CKEMATOKT	LOCATION (City, fowr	ii, or county)	(Siele)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS ADDRESS 1300 - N. L.	BURIAL   12/16	10.00	SPRINGET		HUSETTS	
			25. PUNERA CORPCTOR'S	SIGNATURE	ADDRESS	
The second of th	DATE Dec 16-53 to	Toller	o Starting 21	1. Thisman		0 2
	1 12	3	The second of th		12/	1 Gob. //

MARYLAND STATE DEPARTMENT OF HEALTH-PALTIMORE, IT. AND LOS OF THE OWNER OF THE PARTY OF THE PARTY OF · Brown many and particular and the TELEPHONE CONTRACTOR CHO LATE TO A AL. DER T. HICHEN (Sec) L. Wagninger

VS. A15A - 5 - 53

12253	12245
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF	DEATH No. 245
. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME	O) OF DECEASED:
COUNTY COME GEORGE MARYLAND STATE MIND C	OUNTY Prince Serces
OR and give nearest town)//, (In this place) OR	imits write RURAL and give nearest town)
TO THE TOTAL OF TH	If rural, give location)
INSTITUTION OR Teland Memorial Hospital ADDRESS 4403 2	censtry Road.
8. NAME OF DECEASED: (First), (Middle) (Last) 4. DATE OF OF CORP. (Type or Print) (C. Type or Print) (DEAT	
S. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last   WIDOWED, DIVORCED,   8. DATE OF BIRTH:   9. AGE last	
emale White (Specify): Married 4-6-11 44	yrs.   Months Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work life, INDUSTRY:	COUNTRY?
(3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME)	E.
Herman P. Wry Elsie Dr	At
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) (If Yes, give war or dates of service)	lan Samuel Line
18. MEDICAL CERTIFICATION	y-sameaavuss
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
954x	ONSET AND DEATH
/ Immediate cause (a) DUE TO	
Antecedent cause(s) Diseases or conditions, if any, (b) Cerebral anotia	
giving rise to the above cause DUE TO	
stating underlying cause last (c) rolonged amosthetic	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Carcinoma of cervix uteri	Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc.) OF DEATH.  21b. PLACE (Ilome, farm, factory, office bldg., etc.) INJURY Hospital Riverdale	(County) (State) Pr.Geo. Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OC	for carcinoma of cervix
22. I hereby certify that I took charge of the remains described above, held an Autopsy	, Inspection , Inquiry X, and
find that death resulted from: Natural causes   , Accident   Suicide   , Hom	nicide [], Undetermined cause [].
SIGNATURE CHIEF MEDICAL DEPUTY MEDIC	L EXAMINER DATE SIGNED
4.M. J. Vi aloney (Trailmalle, Mid) M. D. ASSISTANT MEL	ICAL EXAM. 12-30-53
Burial (Specify): Jan 3, 1900 Celar Hell sun	Tland, or count) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	The Itam of ADDRESS
Jan, 2 1956 Mrs Jas. Devere 1 1 sustra sons	facilities, ma
Taputa.	

12253

DECELVED

JAN 5 1956

RUREAU V. S.

Reg. Dist. No. 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED legibl COUNTY PYINCE Deorges COUNTY Fr. NEO (If outside corporate limits, write RURAL LENGTH OF STAY write RURAL and give nearest town) and give negrest town) and information (in this place) TOWN CRM 5 HOUSE -6501 Dancey INSTITUTION OR alms House clearly STREET (If rural give location) STREET ADDRESS 6501-Barcey Hoad S. ADDRESS washINGLOW NAME OF (Middle) 4.7 DATE DECEASED (Type or Print) nagr item 6. COLOR OR 17. SINGLE, MARRIED. BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, Jo Months | Days Hours (Specify): Widowed every OR INDUSTRY IOA. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS LAGE Liquite or formen country): |12. CITIZEN OF WHAT work done during most of working life. COUNTRY Kaller L.O. a Supply 13. FATHER'S NAME: MAIDEN NAME te WEI 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. X (Yes, no, or unter (If Yes, give war or dates Z of service) se 0 DIN pl DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Coronary Occhusion IMMEDIATE CAUSE sician ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, Phys ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. TexioSclenosis (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importa TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING [] 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street offe bidg., etc INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work S 田 0 , 19 57 that I last saw the deceased 22. I hereby certify that I attended the deceased from 703 TYPE 63 19.53, and that death occurred at-M, from the causes and on the date stated above. APDRESS DATE SIGNED 6 S DATE NAME OF REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL MRECIOR

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OEC 12 1965

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

12278

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 245

12297

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	TOWN HUATKSVILLE CLEWISDALE) 15
HOSPITALOR TYS VILLE (LEWICOME) TYEARS	STREET (If rural, give location)
INSTITUTION OR	ADDRESS 2016 AVALON PLACE
3. NAME OF (First) (Middle)	
DECEASED EAGED	OF OF
(Type or Print)  6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	
WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
10a. USUALI OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
TOOL ENGINEER FROM AIROPHANE MAKE	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	
JOHN EMER IRONS	NORA WESTCOTT.
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	
No  service) - 2./8-37-6096	Daniel. Cham
18. MEDICAL CER	
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DRATH
260K PARAMERU	1 -11 P-10 B 10 0 U H.
Immediate cause (a) CORONARY	THROMBOSIS 4 HOURS
Antecedent cause(s) Diseases or conditions, if any, (b)	MELLITUS 2 VEARS
Diseases or conditions, if any, (b)	) 10112 CC1 103
giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OILLOW TOWN) (OOUNLY) (BIRIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	HOW DID INJOK! OCCOR!
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from 12/7	1055 to 12/7 1055 that I look any the 30003
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
alive on 12/7, 1957, and that death occurred at	9 - 7m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	P. P/11 115/-/-
	- Rigge ld Huatts ville 2/7/55
23. BURIAL, CREMATION   DATE THEREOF NAME OF CEMETER REMOVAL (Spenty)	RY OR SEMATORY LOCATION (City, town, or county) / (State)
REMOVAL (Specify) Dec 10"1953 George W	ashington Mandyatts wille-Theatend.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR QQQL IN THE APPRESS
REGION M'1055 Mars In Down of What	2/7/2000
- Company of the Comp	- Ville on J. C.

DEC 12 1955
BUREAU V. S.

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## 12298 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12248 Reg. Dist. 42

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Truck Georges MARYLAND	STATERLICE BURDOLINGA
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate finits write RURAL and give nearest town)
OR and the nearest town) TOWN (in this place)	TOWN Washington 4/8-8
HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Granul	STREET ADDRESS 742 Calcal Road SE
3. NAME OF DECEASED: (Type or Print) Replicated Caroll Ki	(Last) 4. DATE (Month) (Day) (Year) OF DEATH LOC 3/ 1967
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify:	22, 1935 20 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): (Color of the life, like)	Markand 4. OUNTRY
adres Knoth	14. MOTHER'S (MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
Huo service)	Elicia Chott, some aldres
I8. MEDICA	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
823	A A
Immediate cause (a) Asmortis P	and prover
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	Il, crushed short any obsh
(c)	
TO THE DEATH BUT NOT RELATED TO THE LOCALITY DISEASE OR CONDITION CAUSING DEATH.	dpelvis and left ferm
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes 🗌 No 🔃
PRIMARY To or CONTRIBUTING OF Spreet, office bidg, etc., CAUSE OF DEATH.	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hous) 21e. INJURY OCCURRED While at Not while	211. HOW DID INJURY OCCUR? and should be
INJURY   ST JAI.   work   at work	acculant I law that ran of rooms
	ed above, held an Autopsy [], Inspection [], Inquiry [], and
	lent D Suicide D, Homicide D, Undetermined cause D.
SIGNATURE STORMEN IS SOUND	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	Y, OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24, FUNERAL DIRECTOR ADDRESS
12/31/00 Carrie Campbell	Joven a maunger 101 11 st
V	18 11 VI X.C.



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UNFADING
WITH
PLAINLY,
WRITE
OR
TYPE
PLEASE

ES!	CERTIFICATE OF DEATH Reg. Dis	t. No.
carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY PRINCE LEORGES MARYLAND STATE MAKYLANDUNTY PR	Ner bealacs
	CITY (H outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR	and give nearest town)
ation and	38 TOWN CHEVERLY 3 HRS TOWN HYATTS VILLE	15
information	HOSPITAL OR STREET (If rural give location ADDRESS ADD	74 -
nfo	I Mile very 3/11 July	neer
of	DECEASED: (Type or Print) / LANCASTER OF DEATH: 121	(Day) (Year)
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday IF UNDER 1	
	M (Specify): S 11-8-54 yrs. Months	Days Hours Min.
causes	work done during most of working life, OR INDUSTRY:	CITIZEN OF WHAT
	even if retired):  13. FATHER'S NAME:  NONE  NONE  14. MOTHER'S MAIDEN NAME:	1.S.A
th	Clarence Large Time Co. 1 + D. dec	
K. Su write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS.	
Brown .	(Yes, no, or unk.) (If Yes, give war or dates of aervice)  Hospital Record	
ර්ව <b>ක්</b>	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
ADINGS: pla	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
FA]	571. 9 MMEDIATE CAUSE (A) Dely dration and Acidon	121
UNF	ANTECEDENT CAUSE (8)  DUE TO Brown Oliver (4)	2 Na
-	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Sada
H	(c) Diarrhea	I day
ar ar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
NL	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
7	THE PROPERTION: THE MAJOR PINDINGS OF OPERATION	20. AUTOPSY?
TE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (Cour	ity) (State)
WRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	2004590
OR e is	22. I hereby certify that I attended the deceased from 12-3, 1927, to 12-3, 1927, that I las	t saw the deceased
PE	alive on 12-3, 1954 and that death occurred at 7:54 M, from the causes and on the date	
E TY1		TE SIGNED 12
SE	23 DURIAL CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (Oby. town, o	r county) (State)
EA	Burial 12/7/55 Carver Memorial Prince See.	Co. md.
PI	DATE RECID BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY S Washington Now 46	ADDRESS N. St. N. W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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DECENEED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12251 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 2145
					AT United to Lorent

	THE TOTAL OF DESIGNATION	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MUCH SLOT SLO MARYLAND	STATE Med. COUNTY O. J.	p-'
CITY (If outside corporate limits, write RURAL LENGTH OF STAN	CITY (If outside corporate limits write RURAL and	give nearest town)
TOWN Sy allerelle transit	TOWN 184 attaville	15
HOSPITAL OR JE B. & O. R. R. Dracks	STREET ADDRESS 4508 (If rural, give location)	1.
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH Lie /9.	(Year) 19 J J
5. SEX:  6. COLOR OR RAGE: WIDOWED, DIVORGED, (Specify):	TE OF BIRTH:  9. AGE last birthday: FUNDER 1 Y Months Da yrs.	
work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
Der R. Jousen	14. MOTHER'S MAINEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk.) (1f Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
Is. MEDIC	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	,	INTERVAL BETWEEN ONSET AND DEATH
902x Warning	a - los als	UNSET AND DEATH
Immediate cause (a) DUE TO	4 swell	
DUE 10		
Antecedent cause(s) Diseases or conditions, if any, (b) Multiple as	upstations of body.	• • • • • • • • • • • • • • • • • • • •
Diseases or conditions, if any, (b)	uputations of lody.	
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	uputations of lady	
Diseases or conditions, if any, (b) DUE TO stating underlying cause last (c)  H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	uputations of lady	20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		Yes No No
Diseases or conditions, if any, giving rise to the above cause of the above cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY R or CONTRIBUTING OF OPERATION:  CAUSE OF DEATH.	y, 21c. (City of town) (County)	
Diseases or conditions, if any, giving rise to the above cause of stating underlying cause last (c)  H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	v   21c. (City or town) (County)	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY 12 - 19-55 M. While at Not while INJURY 12 - 19-55 M. While at work 22. I hereby certify that I took charge of the remains described to the control of the con	21c. (City or town)  21c. (City or town)  21c. (City or town)  21c. (County)  21c	Yes No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF UNDERLY OF STREET OF OF STRE	21c. (City or town)  21c. (City or town)  21c. (City or town)  21c. (County)  21c	Yes No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY 12 - 19-55 M. While at Not while INJURY 12 - 19-55 M. While at work 22. I hereby certify that I took charge of the remains described to the control of the con	ibcd above, held an Autopsy , Inspection , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER	Yes No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M OF CONTRIBUTING OF Street office bldg., std. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 12 - 19-55 Solom M. work at work 22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accessional Control of the	ibcd above, held an Autopsy , Inspection , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Yes No No (State)  (State)  (A)  (Inquiry D), and mined cause D.  DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M OF CONTRIBUTING OF Street office bldg., std. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 12 - 19-55 Solom M. work at work 22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accessional Control of the	21c. (City or town)	Yes Now  (State)  (State)  (State)  (State)  (State)  (State)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY MOR CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 121e. IN	ibcd above, held an Autopsy , Inspection , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Yes No No (State)  (State)  (A)  (Inquiry D), and mined cause D.  DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY PLOY CONTRIBUTING OF Street office bldg., std. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 12 - 19-55 Not while work 22. I hereby certify that I took charge of the remains descripted in that death resulted from: Natural causes Accident Acc	21c. (City or town)   (County)	Yes No No (State)  (State)  (Inquiry D, and mined cause D. DATE SIGNED  (State)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY MOR CONTRIBUTING OF Street office bidg., etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 121e. IN	21c. (City or town)  21c. (City or town)  21c. (County)  21c. (Now DID INJURY OCCUR?  21c. Now DID INJURY OCCUR?  21c. County)	Yes No No (State)  (State)  (Inquiry D, and mined cause D. DATE SIGNED  (State)

DEC 28 1955
BUREAU V. S.

REGISTRAR'S

LOCAL

Reg. Dist. No. carefully 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ary an dounty MARYLAND CITY (If outside corporate limits, write RURAL CITY(If outside corporate limits, write RURAL and give nearest LENGTH OF STAY (in this place) and and give nearest town) OR information TOWN TOWN Mrs. clearly STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Day) NAME OF (First) DATE (Month) (Year) death DECEASED: (Type or Print) DEATH: item MARRIED 8. DATE OF BIRTH 9. AGE last birthday 5. SEX: COLOR OR 17 SINGLE. IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED, Jo Months Days Hours every NOA. USUAL OCCUPATION (Give kind of work done during thest of working life. (State or foreign country): OF BUSINES II. BIRTHPLACE 12. CITIZEN OF COUNTRY? BINDING Supply 13. FATHER'S NAME: MAIDEN EVER IN U.S. ARMED FORCEST (If Yes. war or dates MEDICAL, ADING RESERVED DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE UNF DUE TO Physicia ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PLAINLY DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY? YES 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (State) 21A. ACCIDENT WAS UNDERLYING [] (County) WRITE OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF "INJURY at work at work OR 22. I hereby certify that I attended the deceased from ... 19 , that I last saw the deceased TYPE from/the causes and on the date stated above. and that death occurred ADDIESS DATE SIGNED (City, town, or county BURIAL. CREMATION V PLE

DATE REC'D



BUREAU V. S.

12/23/55 Burt REGISTRAR'S SIGNATURE

12253

8434 Ga. Ave. ADDRESS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICINE BANKSHIVER S CHICATE OF DEA	100
I. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY Prince Segral MARYLAND STATE MA COUNTY A	2. Sew
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   CITY (If oveside corporate limits write RU	URAL and give nearest town)
OR and give negets town) TOWN OR TOWN OR TOWN OR TOWN OR TOWN OR TOWN	A X
HOSPITAL OR (If rural, give	location)
INSTITUTION OR Street ADDRESS Ma Storges Gen. Hosp   ADDRESS 63/0- Fool	St.
3. NAME OF (First) (Middle) (Last) 4. DATE (Month OF	) (Day) (Year)
(Type or Print) James Wilbert Leinear DEATH 2-	- 19- 1953
CRACE:   WIDOWED, DIVORCED!	UNDER 1 YEAR IF UNDER 24 HRS.
Male While (Specify): Marrie 10-5-96 59 yrs. 18	Ionths Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign count work done during most of work life, INDUSTRY:	try): 12. CITIZEN OF WHAT
even if retired): Galesman Culomobile Manzand	1454
13. FATHER'S NAME:	
Cornelius Leinear Lillie Bryan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	1405-61ala SI
10   service) 2/4-02-8019 mm Dorothy of Cipci-	Chres Surveior med
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
44. A section of the section of the section	Command and Danie
Immediate cause  (a)  DUE TO	nama
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes No No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING 5 street, office bldg., etc., (City or town)	(State)
CAUSE OF DEATH. INJURY  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspec	ction A, Inquiry A, and
find that death resulted from: Natural causes 🔁, Accident 🗌, Suicide 🔲, Homicide 🔲,	
AIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
John Malony Hyalloulle. M. D. ASSISTANT MEDICAL EXAM	12-20-55
73. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, to REMOYAL (Specify): 12/12/15 Burtonsville Cemetery Montgomery	
Burial Speers 12/23/55 Burtonsville Cemetery Montgomery	county, ma.

Value 6 Junes

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

DATE/REC'D/BY LOCAL

REG

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECENSED

BUREAU V. S.

DEC 15 1955
DEC 15 1955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12255 12299 CERTIFICATE OF DEATH Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Prince Georges MARYLAND	STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	d give nearest town)
X TOWN Glenn Dale (mural) (in this place)	OR Washington	117 4 3
HOSPITAL OR	S STREET (If rural, give location)	4/1
INSTITUTION OR Glenn Dale Hospital	Address 1275 Holbrook Terrace	
	II.	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	,
(Type or Print) MARGARET H	9NC 17 DEATH: 12 6	1955.
PACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday: IF UNDER I	
Female White (Specify): Married 3/7	/1893 62 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS OF		2. CITIZEN OF WHAT
work done during most of working life, even if retired): Housewife	Chamles Co Md	USA
I3. FATHER'S NAME:	Charles Co., Md.	UDA
Thomas Vermon	Nettie Wright	
(Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
No service) None	Decedent	
18. MEDICAL O	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
002X Can Pulses	as a la	2 yrs
Immediate cause (a)		
Antecedent cause(s)		0
Diseases or conditions, if any, (b)	***************************************	
giving rise to the above cause DUE TO stating underlying cause last		h h
stating underlying cause last (c) / relmanary	Intersuloses	1/420 3 mo.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not		0
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	100000000000000000000000000000000000000	20. AUTOPSY?
4		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CPTY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  M.   While at Not while work   at work		
22. I hereby certify that I attended the deceased from	1049 1 17-16 1055	
22. I hereby certify that I attended the deceased from	, 19.7.2., to	aw the deceased
alive on		
DEGREE OR TITLE	E) ADDRESS Glenn Dale Hospital	DATE SIGNED
23 BURGAT CREMENTON   DATE THEREOF   NAME OF CEMETER	Glenn Dale, Md.	A.1.2/6/Ab
REMOVAL (Specify)	TY OR CREMATORY LOCATION (CAV, KAVIR, 6)	Signe)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	OH PUNERAL DIRECTOR	ADDITION
REG. REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADBRESS
INIPORT ONLY	J. W. Lees Washing	The work

DEC 13 1955
DEC 13 1955

A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.....

12217

I. PLACE OF DEATH:

BUREAU V. S.

Vaid Branch Norwing Strong

Charles Vamers Mackinkesh

Firemen Fire dop! Fishiet of almobis 115.A.

Mark white without Nov. 16, 1874 31

DEC 6 1955

DECENTED

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 272
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Prince Georges MARYLAND	STATE Marylandcounty Prince	Georges
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hillside  LENGTH OF STAY (in this place) 6 mon.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5607NStreet, S.E.	STREET (If rural, give location) ADDRESS 5607NStreet, S.E	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) EARL KENNETH M.	(Last) 4. DATE (Month) (Day) OF DEATH December 1	(Year) 7th 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify): Married Jan	E OF BIRTH: 9. AGE last birthday: IF UNDER I YE 11th, 1897 58 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter   General Cone	Mamanth Country	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Dave Manes	Anne Helem (Haknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No   service) None   489-12-3313	Martha Jane Manes, 5607-N-S	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	& carcinomoloses	ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	rcinonistoses	Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   21b. PLACE (Home) farm, factory OF street, office bldg., etc.	.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. at work \[ \] at work \[ \]	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes , AccisiGNATURE	ibed above, held an Autopsy [], Inspection [], ident [], Suicide [], Homicide [], Undetern CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Inquiry , and mined cause DATE SIGNED
RESIDVAL (Specify): 12-19-55	RY OR CREMATORY LOCATION (City, town, or country MARLIN 7	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	W.W.Chambers Co. 51711th	
die 18 3 3 carrie amprell	Washington	

A15A - 5 - 53 VS.

he correct

Supply every item of information carefully write the causes of death clearly and legit

MARGIN RESERVED FOR BINDIN

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY, WITH age is especially important.

BUREAU V. S

DEC 27 1945

BECEINEL

72 hours after death. After this director, the third copy of this

10

certificate be

hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ADDRESS

#### CERTIFICATE OF DEATH 12301

1000T	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PRINCE GEORGES MARYLAND	STATE Md COUNTY PRINCE GE
CITY (If outside corporele limits, write RURAL LENGTH OF STAY OR end eigen nearest town) (in this place)	CITY (If outside corporate limits, write RURAL end give nearest town) OR
X TOWN BFITSVILLE	TOWN BEITSVILLE
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	ADDRESS 1470 FOFE NIWARD
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Dey) (Yei
(Type or Print) MADTHA	TTT DEATH DEA DO
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH 9. AGE last birthday   #F UNDER 1 YEAR   IF UNDER
FEAR A) TE RAGE TE WIDOWED DIVORCED, (Specify)	Months Deys Hours
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH
done during most of working life, even if OR fNDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH COUNTRY?
TOUSE WITHE	Uhio
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WINION N. CODENHAVER	WEVINA SIABLES
15. WAS DECEASED EVER IN U. S. ARMED SORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
(103, 110, Of Blik.) It los, give wor of Gales of Satrice)	NEWTON B. MANIZ. 44 20 Krus
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETTO ONSET AND CONSET
. 0.5	Cool of the
IMMEDIATE CAUSE (A) CIVETTANT	Jesusien - m
DISEASES OR CONDITIONS, IF ANY, (B)	Tratos in schools Wakner
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	16.0317
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOP
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. Whila Not whila at work et work	= / /
22. I hereby certify that I attended the deceased from	10 5 10 17/19 1055 Wall 1
plice on 17/1 & 19	
alive on, 19, and that death occurred a	ADDRESS (Signat, city, town, pleta)  DATES
and the	Qui 81 2/1/12/06-17/1
23. BURIAL, CREMATION, DATE THEREOF Y I NAME OF CEMETERY OF	R CREMATORY LOCATION (City, John, or county)
BREMOVAL (SPECIFY)	WIT NITH S + LAW KI
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	126 FINERAL DIRECTOR'S SIGNATURE

MYASKI TO STADISHINGS DURINGS THONCE CECKDES WHENDER ALL CENTS BETTSHILE ON BETSEELTE ALAZO GREENECET LA MARTHA E. MANTZ SONDEL 22 185 FEMALE MATE MARRIED AGE 21.1893 62 Chic HOUSEWIFE WINTON K. CODEN HAVER HELLINA STABLES NEwton B. Mantz ef 430 6 W. A.

BUREAU V. S.

DEC 38 1822

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BURGER 1 SECRETARS WASHINGTON WATI SELT LANG ME.

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#### 12259 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 12259

Reg. Dist. No. 23/

M = ×	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASE	D:
carefull legibly.	COUNTY Prince Geras MARYLAND	m-11 P	na Terral
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR sand give nearest, town) (in this place)		
tion	38 TOWN Loverly Mary/and	TOWN 170117511616 00	an land
information clearly and	HOSPITAL OR INSTITUTION OR P Terred Jon. Hoge	STREET (If rural give location)  ADDRESS  7200 Should	Road 1
of	3. NAME OF (Fjrst) (Middle) DECEASED: (Type or Print)	m K. OF	Dsy) (Year) 27. 1955
ite		OF BIRTH: 9. AGE last birthday IF UNDER 1	
NG r every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, over the control of working life,	Prince Les Co. Md	CITIZEN OF WHAT
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN, NAME:	IIII
FOR BI	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes vive war or dates	MARMANT & APDRESS:	Maile sul
C C 8	18. MEDICAL CERTIFICA	rion - Lux - Lux	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVEI UNFADING sicians: plo	541.0 IMMEDIATE CAUSE (A) Mamif	GASHOIA Kestings believely	244
S. F.	ANTECEDENT CAUSE (S)		
	DISEASES OR CONDITIONS, IF ANY, (B) Des Olis 4	d when	Revento
WITH of. Phy	STATING UNDERLYING CAUSE LAST.	least lead of a	2
AR W unt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Weth Winters.	la l
MAR NLY, W portant.		leroto heart dizea.	FERA.
AINLY import	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
HA			YES NO TH
TE ecia]	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death (IF either, notify medical examiner)		ty) (State)
R WRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
0 0	22. I hereby certify that I attended the secessed from	. 050	
SE TYPE	alive th, 19 , and that death occurred at SIGNATURE	ADDRESS DAT	stated above.
SE		ERY OR CREMATORY LOCATION (City, town, or	county) (State)
PLEA	Burial 193959 Epithan	of Cemelery Forestrel	le sud.
a.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  Who Anda D burnly	W. W. Chambers Co. 51	7 11 St 88

BUREAU V. S.

9361 3 NAI

BECEINED

12260 <sub>Item9</sub> , FilmG191 1-19-56 et MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. D11226()
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 23/
1. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY I MANCE GEON COUNTY OF STATE MA COUNTY OF	10
CITY (If outside corporate limit, write RURAL LENGTH OF STAY OR and give nearest town)  OR and give nearest town)  TOWN  CITY (If outside corporate limits write RURAL of OR TOWN  T	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36/2-4/11	,
3. NAME OF (First) (Middle) (Last(Marda) 4. DATE (Month) (Day DECEASED: (Type or Print) Wargaret Mary Mary a DEATH 12-25	(Year)
5. SEX: 6. COLOR OF 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: Funder 1 x WIDOWED, DIVORCED, (Specify): Married 7-1/-1911 44/6. yrs. Months De	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
13. RATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECRESED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.:  17. INFORMANT & ADDRESS:  18. MOTHER'S MAIDEN NAME:  19. Mangaret Elizabeth Forces?  19. Security No.:  10. Social Security No.:  11. INFORMANT & ADDRESS:	laherty hers.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause  (a) demanhage & shock	
Antecedent cause(s) Diseases or conditions, if any, (b) Trypture of esophogyal variety	
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] OF street, office bldg., etc., CAUSE OF DEATH.   21b. PLACE (Home, farm, factory, office bldg., etc., INJURY   21c. (City or town) (County)	(State)
21d. Time (Month) (Day) (Year) (Hour)   21c. INJURY OCCURRED   21f. HOW DID INJURY OCCUR? While at work   21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy	Inquiry and
	mined cause .
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED 12-25-55

ADDRESS

3. BURIAL, CREMATION, REMOVAL (Specify):
Burial DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or county) (State)

Dec 27, 1955 Washington National Suitland Md.

REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Linguistral & F. Gasch's Sons Hyattsvill DATE REC'D BY LOCAL F. Gasch's Sons Hyattsville, Maryland

DEC 89 1955
BUEVA V. S.

## 12302 CERTIFICATE OF DEATH

COUNTY Prince George's	STATE Maryland COUNTY Prince George's
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
X TOWN Forestville   1 Yearxx	TOWN Forestville
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS	Box. 231-A. Marlboro Pike
3. NAME OF (First) (Middle) DECEASED (Type or Print) IDA S. MAYH	HEW 4. DATE (Month) (Day) (Yaar) OF DEATH Dec. 5th 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE WIDOWED, DIVORCED,	TE OF BIRTH 9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS
	28th. 1868 87 yrs. Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Domestic	11. BIRTHPLACE (State or foreign country)  Camp Springs, Maryland.  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Allen	Charlotte A. Pyles
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deles of service)	Box. 231-A. Marlboro Pike, Maryland.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  450. DIMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE	gistine Cardiac 14hms
STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arterior brosis kulmon
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21b. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	ADDRESS (Street, city, town, or county)  OR CREMATORY  LOCATION (City, town, or county)  Camp Springs, Maryland.  25. FUNERAL DIRECTOR'S SIGNATURE 1661-Good More S.E. RD
DATE Dec. 5-55 Edua F. Ollin	Summer Byor Washington 20, D.C.

THE REPLACED AT A TOTAL DEPARTMENT OF MEANIN-RALTIALORS, 18 2

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S. O. C. S.			
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		SELAT	
			Tally of the F

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	12262

		16696/
12261 CERTIFI	CATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE	(HOME) OF DECEASED:
Francis Janus		rail Esper
COUNTY MARYLAN		COUNTY
CITY (If outside corporate limits, write RURAL LENGTH (in thi	of STAY CITY(II outside corpor place) OR	ate limits, write RURAL and give nearest town
TOWN Charely Many and Id	2011111	ord - 116 x-3
HOSPITAL OR	STREET	(If rural give location)
7 STREET ADDRESS Prime Jergel Jav.	Hogy. ADDRESS 322	Pine st
3. NAME OF DECEASED: (Type or Print)  (Type or Print)  Addin HESTER	me William	OF DEATH: Oc. 19 19 5
	8. DATE OF BIRTH: 9. AG	E last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
7 RACE: WIDOWED, DIVORCED, (Specify):	Dec. 31, 1893	yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of the work done during most of the working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during most of working life, even if first resummer to the work done during the work done during most of working life, even if first resummer to the work done during the work during the work done during the work done during the work during the	BINESS 11 BIRTHPLACE (State	or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN	NAME:
James Byrd Trill	unknow	~
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. INFORMANT & ADD	PRESS:
(Yes, no, or unk.) (If Yes, give var or dates of service)	- Thospilar Rec	note- Chererly, and
18. MEDICAL CE	RTIFICATION	DATERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH AO	ONSET AND DEATH
163X Cake	from the	
IMMEDIATE CAUSE (A)	2000	
ANTECEDENT CAUSE (S)	and water	
DISEASES OR CONDITIONS, IF ANY, (B)	erione yeur	Turas .
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
260 X (c)	7 1	-0 -0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	kiabele, Me	elilus
DISEASE OR CONDITION CAUSING DEATH.	DEBATION	
100 55	PERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory. 21c. WHERE DID ( office bldg., etc. INJURY OCCUR?	City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OF INJURY	CCURRED   21F. HOW DID INJUR	Y OCCUR?
	work L	2 22
22. I hereby certify that Lattended the deceased from		, 19 , that I last saw the deccased
alive on 1993, and that death occ	urred at /2=/, M, from the car	ises and on the date stated above.
	M. D.	071,74 12/19/33
REMOVAL SPECIFY)	town limeley	CLASSIFICATION (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	30. FUNERAL DIRECT	ne Wystland mess ma
10/19/1) umanda x rum	ly I	

BUREAU V. S.

BECENAED

#### 12263 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12303 CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	2. OBORD REDEDETED (HOME) OF DECEMBED.	
COUNTY Prince Georges MARYLAND	STATE D. C. COUN'	TY 👄
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
Y TOWN Glenn Dale (rural) 10 mos., &	TOWN Washington	47x-3
HOSPITAL OR 23 days	STREET (If rural give location)	
08 STREET ADDRESS Glenn Dale Hospital	1817 Vernon St., N.	W. /
	(Last) 4. DATE (Month) (Day) OF DEATH: 12 19	19 55
RACE: WIDOWED, DIVORCED, (Specify): Separated	of Birth:  9. AGE last birthday: If UNDER I YE  North Day  yrs. Months Day	ys Hours   Min.
10a. USUAL OCCUPATION Give kind of 10a. ATIND OF BUSINESS OR	R   11. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHAT
work done during most of working life,   INDUSTRY:	C	OUNTRY?
even If retired): Domestic Unknown		SA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Brooks	Mollie Lewis	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
	Decedent	
18. MEDICAL CERTIFICATION	ON ,	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Desti
002X	y Paberculosis	3 ma-
Immediate cause (a)	1 - 00000000000000000000000000000000000	
Antacadent causes (s)		
Antecedent causes (s) Diseases or conditions, If any,		
elvine vice to the phone course		
stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		540
Conditions contributing to the death but not related to the disease or condition causing death.	ic and 17/10/2/2000 are thear i 1/9/00	le Tres
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
4		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED  OF While at Not While	HOW DID INJURY OCCUR?	
1NJURY m. Work At Work		
22. I hereby certify that I attended the deceased from	,1955, to 12/19, 19.55, that I last s	saw the deceased
alive on	Dale Hospi DALES 12/19/55 DA	tated above. TE SIGNED
A Jan De Glann	Dale, Md.	
23. BORFAL, CHEMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 1955 Well Well	Hall Bros. 621. Fla	ane no.
*		

DECEINED

BUREAU V. S.

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12264

1	2252	CERTIFICATE	OF	DEATH
9	6607	CENTIFICATE	Or	DEAL

	TEGO CONTINUE OF DEATH Reg. Dist. No.
legibly	1. PLACE OF DEATH:  COUNTY PURS JORGE MARYLAND STATE MONEY COUNTY PUND JORGEN
and	CITY (If outside corporate limits, write RURAL or side corporate limits, write RURAL and give nearest town)  TOWN  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  TOWN  A  A  A  A  A  A  A  A  A  A  A  A  A
s of death clearly	HOSPITAL OR INSTITUTION OR PROPERTY OF THE STREET ADDRESS 328 Oliv St.
	3. NAME OF (Eirst) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) Q by FRANCES (Middle) (Year) DEATH: OF DEATH:
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. B. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min. (Specify): 76 yrs.
causes	Work done during most of working life, even if retired) for sewer for the seven if retired) for sewer for the seven if retired) for sewer for the seven if retired for seven for the seven for the seven form form for the seven for the seven form for the seven for the sev
te the	Robert T. Murphy Kate Lindsey
e write	15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  17. INFORMANT & ADDRESS:  Hospital Records, Cherefy, Ind.
please	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  INTERVAL BETWEEN ONSET AND DEATH
ians:	IMMEDIATE CAUSE (A) Coronary certainy account 18 fire ANTECEDENT CAUSE (S)  DUE TO CORRECT TO CORRE
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B) Underlying Cause Last.
	(C)
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, factory, OF County) (County) (State)  11c. WHERE DID (City or town) (County) (State)
is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?
age	22. I hereby certify that I attended the deceased from 1950, to 27 / 20, that I last saw the deceased
correct	alive on 12.1.2, 19.5.5 and that death occurred at 2.1.M, from the causes and on the date stated above.  SIGNATURE  M. D. Phewelly Mod 12.28 15.5
00	23. BURIAN. CREMATION! DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 12/30/53 Fort Linear Colonal Mann Mcl.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR LOND HYPATTALLE POR SIGNATURE TO SIGNATURE SIG

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 245 12263 CERTIFICATE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: legibly. COUNTY PZ COUNTY STATE MARYLAND CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give learest town) (in this place) CITY (If outside corporate limits, write RURAL and give nearest town) carefully. OR (in this place) TOWN and HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS clearly information (Month) (Day) (Year) 3. NAME OF 4. DATE (First) (Middle) (Last) DECEASED: OF DEATH: Kessie ce male 2019.50 (Type or Print) death 5. SEX: SINGLE MARRIED. WIDOWED DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE: Months Hours (Spoolly): Jo 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR INDUSTRY: work done during most of working life, even if retired) causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: ery FLORINDA E. WILLIAMS 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of WILLIAM + GERALT MUSSON - SONS - SAME ATDRESS write 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH ortant, 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes | No P (COUNTY) (STATE) 21. ACCIDENT (CITY OR TOWN) PLACE (Home, farm, factory, street, (Specify) imp SUICIDE office bldg., etc.) HOMICIDE PLAIN TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While especiall INJURY Work At Work 22. I hereby certify that I attended the deceased from Nov25, 1955, to Dec 20, 1953, that I last saw the deceased WRITE alive on Dec 20, 1955, and that death occurred at ....., from the causes and on the date stated above. (Descree or title) . CREMATION, | LOCATION (City, town, or county) DATE THEREO NAME OF CEMETERY OR CREMATORY 回 BEMOVAL (Specify) 02 V ADDRESS 24. FUNERAL DIRECTOR DATE REC'D BY LOCALI. REGISTRAR'S SIGNATURE PLE

DECENSED

BUREAU V. S.

**3**261 S NA

2411 N. Charles Street, Baltimore

12266

12304

#### CERTIFICATE OF DEATH

Reg. Dist. No .....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PRINCE GEORGES MARYLAND	STATE MARYLAND PRINCE GEORGES
CITY (Il outside corporate limits, write RURAL and   LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town)
Y TOWN RURAL - UPPER (in this place)	TOWN RURAL - UPPER MARGIBORSUGA
HOSPITAL OR MARLBOROUGH	STREET ADDRESS (If rural, give location)
STREET ADDRESS RT #1. GOV42-	RDDRESS (TA), 1307 42
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) MAMIE FRANCIS	NEWMAN DEATH DEC. 22 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
(Specify) A ARRIE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	The state of the s
HOUSEWIFE	IFISCHIAWAY MAKYWANII USH
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME
WILLIAM M. NEWMAN	CECELIA BUTLER
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT
A laervice) NONE	HUSBAND - WILLIAM L. NEWMAN
18. MEDICAL	CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
443X CHAEDRA	THROMBOSIS ISMINUTES
Immediate cause (a) EKEBITHA	VAROUSOSIS IS MINUTES
Antecedent cause(s)	LAMBORIES BY HENDERSON ID A.
Diseases or conditions, if any, (b)	OMBOSIS RT, HEMIPLEGIA 18 days
giving rise to the above cause stating the underlying cause last	
(c) A YPERTENSIVE	CARDIO-VASCULAR DISEASE 30 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE NONE	Yes No P
21. ACCIDENT (Specify) SUICIDE HOMICIDE VONE  SPECIFY OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE NONE INJURY NONE	A CONTRACTOR OF THE CONTRACTOR
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY NONE m. Work At work	NONE
29 I havely contify that I attended the deceased from DEC.	15 1955, to DEC. 22 1955, that I last saw the deceased
22. I Rereby certify that I attended the deceased from wearner.	initiani, 15.2.2., towa. hanning 15.2.2., that I last saw the deceased
	?m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Certhur Shaver J. M.D.	Branchave. at Woodgord Rd. Clinton Med. 12/22/55
23. BURIAL, CREMATION   DATE THEREON   NAME OF CEME	
RWMOVAL (Specify)	ocary ameter Rosanfville mol
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 12 /23/55	The Hund Freneral Home Waldood mil
1 Calcula No.	/

BUREAU V. S.

DEC 80 1022

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12267

	~~~~	-	
2264	CERTIFICATE	OF	DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town) (in this place) 2 days	I OR
HOSPITAL OR	TOWN Mt. Rainier  STREET (If rural give location)
institution or Prince Georges Gen. Hosp.	ADDRESS 442129th Street,
	(Last)   4. DATE (Month) (Day) (Year)
	VILES DEATH December 23, 1955
DACE WIDOWED DIVORCED	of Birth: 9. AGE last birthday IF UNDER 1 YEAR Of UNDER 24 HRS 2nd, 1875 80 yrs. Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
even if retired): HOUSE wife At home	Hoosick Falls, N.Y. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Brew	Julia Carter
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give year or dates of service) None 065-14-3134D	Julia M.Breast, 442129th St. Mt.Rainleringer M.P. Between
NO of service) None (U65-14-3134D	Julia M.Breast, 442129th St.
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
Tax. Date of Operation:	YES NO
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (Clty or town) (County) (State) etc. INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	/ Q.M, from the causes and on the date stated above. ADDRESS, DATE SIGNED
Burial 12/27/1955 Maple Grov	ve Cemetery Hoosick Falls, N.Y.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 4/55 Manda Library	W.W.Chambers Co., Riverdale, Md.

BUREAU V. S.

DEC 58 1622

BECEINED

24 hours after death.

# INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 12210

12210 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH	Reg. Dist. No
COUNTY PRINCE GEORGE'S MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY)	STATE MARYLAND COUNTY MONTGOMERY  CITY (Ill outside corporeta limits, write RURAL end give neerest town)
OR and give namest town)  OR TOWN COLLEGE PARK  (In this place)  Weeks	TOWN SILVER SPRING
HOSPITAL OR INSTITUTION OR 3120 POWDER MILL ROAD	STREET ADDRESS 9507 SEMINOLE STREET
3. NAME OF (First) (Middle)  (Type or Print) KATHERINE AMANDA NORBECK	(Last)  4. DATE (Month) (Dey) (Year)  OF DEATH DECEMBER 18 19 55
RACE WIDOWED DIVORCED	ATE OF BIRTH  9. AGE fest birthdey  1
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY RETIRES HOMEMAKER OWN HOME	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN MCNELLY  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  1 16. SOCIAL SECURITY NO.	JANE MURPHY  17. INFORMANT & ADDRESS
(Yes no or note)   Iff Yes alva was or datas of service)	
18. MEDICAL	CERTIFICATION   INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS IF ANY. (B)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING DISE TO THE ABOVE CAUSE  (B)	e blodder with local and distant 6 mos
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  AMEDICAL  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  November 1455  Cate Medical  21a. ACCIDENT WAS LUNDERLYING D 1 21b. PLACE (Homa, farm, factory,	e blodder with losed and distant 6 mes
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  AMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  197. MAJOR FINDINGS OF OPERATION  November 1955  Care meines of the bladde	e blader with local and distant 6 mes metastases  20. Autopsy? YES NO X
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  AMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, DISEASE OR CONDITION CAUSING DEATH,  199. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  November 195  Cavanciae of the blade  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  12d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While Not while et work et work  alive on December 17, 19, 55,, and that death occurre  SIGNATURE  Bennet Q. Parkey 1, 40,, M.D.  M.D.	Description  Interval Between Onset and Death  blader with local and distant  metastases  20. Autopsy?  YES NO X  21c. Where DID INJURY OCCUR? (City or fown) (County) (State)  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  DEV. 1954., to December 18, 1955, that I last saw the deceased at 125AM, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    MMEDIATE CAUSE	Delater with local and distant  E blader with local and distant  Metastases  20. Autopsy? YES NO [2]  21c. Where DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  Der. 1954., to Recember 18, 1955, that I last saw the decead at 125 A.M., from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  Pate Sign  OR CREMATORY  LOCATION (City, town, or county)  (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    MMEDIATE CAUSE   (A)   CATCIVIONA OF THE   ANTECEDENT CAUSE(S)   DUE TO   DISEASES OR CONDITIONS, IF ANY, (B)     GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.   DUE TO (C)    11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING   DISEASE OR CONDITION OF INJURY OF INJURY OF INJURY STREET, OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED (HE ITHER, NOTIFY MEDICAL EXAMINER)     21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED (While of work of INJURY COURTED (While of work)   AND WORK OF CEMETER)     22.   I hereby certify that I attended the deceased from MCXS. M. alive on Calcumpt (Industry)   DATE THEREOF   NAME OF CEMETER)     23. BURIAL, CREMATION, REMOVAL (SPECIFY)   DATE THEREOF   NAME OF CEMETER)	Date sign of Colestile Rd., Siver Spring, May Dec. 18, 19  INTERVAL BETWEE ONSET AND DEA  20. AUTOPSY? YES NO [  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21f. HOW DID INJURY OCCUR?  DATE SIGN  30i Colestile Rd., Siver Spring, Md. Dec. 18, 19  OR CREMATORY LOCATION (City, town, or county) (State)

CERTIFICATE OF DEATH 3 00 0 a complete the second BUREAU V. S. DEC 83 Jacob

BECEINED

Awner



VS. A15A - 5 - 53

12305	12271
MARYLAND STATE DEPARTMENT OF H	
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 242
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Trince Glorges MARYLAND	STATER OF COUNTY Prince George
OR and give nearest town) TOWN  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and give wearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 8/0 aherdeen Thut	ADDRESS 3810 (If rural, give location) ADDRESS 3810 (Alerdean Sheet
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Wartin Jamuel (	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH  DEATH  19 5 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE WIDOWED, DIVORGED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  2 4 1902   53 yrs. Months Days Hours Min.
16a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR Nork fore during most of work life, INDUSTRY:	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Grant Ort	Bersie Counts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 10, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
I8. MEDICA	L CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)	interval Between Onset and Death
Antecedent cause(s)	and rough the sale
Diseases or conditions, if any, (b)	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \text{No} \( \text{N} \)
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □   21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   M.   work   st work	21f. HOW DID INJURY OCCUR?
	ed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes Accidentations	ent [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF GEMETER	M. D. ASSISTANT MEDICAL EXAM.
(REMOVAL (Specify): Nec 31-55 Cedar	1) 24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Summers Bros 1661- cyd Hope
	pde z val so

12305



M

ATTENDING PASICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

INSTRUCTION

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12306 CERTIFICATE OF DEATH

12273

Pen.	Diet	No242
neg.	DISC.	1406

COUNTY	Prince Geo:	rges	MARYL	AND	STATE Maryl	and COUNTY		e Georges
OR and gi	side corporete limits, wrive neerest town)  Forestvil		LENGTH O		OR	porate limits, write RURAL	end give nearest	town)
HOSPITAL OR		re:			STREET	orestville	rive location)	У
INSTITUTION O			icoloris		ADDRESS	mstrong Lan		
3. NAME OF DECEASE	(First)		(Middle)		(Lest)	4. DATE (M	onth) (E	Day) (Yeer)
(Type or Print)	MATT:	LE	D.		WEN	DEATH	Dec. 23:	rd 19 55
5. SEX	6. COLOR OR White	7. SINGLE, MAR WIDOWED, D	RIED, IVORCED,	8. DATE OF		9. AGE lest birthdey	IF UNDER 1 Y	
Female		(Specify) W	Ldow	Marc	h 19th, 1866	89 yrs.		Days Hours Min.
10e. USUAL OCCU	IPATION (Give kind of most of working life, ex	work 10b, K	IND OF BUSINES	S	11. BIRTHPLACE (State or for	eign country)		CITIZEN OF WHAT
	nost of working life, exousewife			one	Petersbing	, Virginia	400	USA
13. FATHER'S NA					14. MOTHER'S MAIDEN	NAME		
	Thomas Ma				H H	enrietta Wh	itehorn	
15. WAS DECEAS	ED EVER IN U. S. ARM (If Yes, give wer or d		16. SOCIAL SEC		17. INFORMANT &	ADDRESS Mrs. C	laudia l	Bookhultz
(Fes, no, or unk.)	(is tes, giva wer or d	eres of service)	No	ne		g Lane, For		
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	18. ME	DICAL CER	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH
422.1 IM	MEDIATE CALISE	(A) (S)	adiad	Terens				
		DUE TO	+	1 1	13. 1	11	*	
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STATING UNDERL	THE ABOVE CAUSE YING CAUSE LAST.	DUE TO						
	ANT CONDITIONS CO							
DISEASE OR CO	BUT NOT RELATED TO NOITION CAUSING DEA	ATH						
19e. DATE OF OPE	ERATION 191	. MAJOR FINDING	S OF OPERATION	٧			411	20. AUTOPSY? YES NO
OR CONTRIBUTING	AS UNDERLYING COURSE OF DEATH MEDICAL EXAMINER)	21b. PLACE (Hor OF INJURY streat,	me, ferm, factor office bldg., etc	2	c. WHERE DID INJURY OCCI	JR? (City or town)	(County)	(Stete)
21d. TIME OF INJU	IRY (Month) (Dey)	W		t while	II. HOW DID INJURY OCC	JR?		
				work		m 650		
22. I hereby	certify that I a	ttended the deci	eased from		5, 19 to		, that I las	it saw the deceased
alive on	DE (4)10,11	9, an	d that death	occurred at	1.PM, from the	causes and on the	date stated a	
Va-	1 ten	ach. il		7		PRESS (Street, city, to	wn, stela)	DATE SIGNED
23. BURIAL, CREA		TE THEREOF	NAME OF	M. D. CEMETERY OR	TOI FUIT	LOCATION (City, tox	wn, or county)	1713/3)
REMOVAL (SE		ec.27,1955			Cemetery			, Joines
24. REC'D BY REG		ISTRAR'S SIGNATUR		* 11F77	25. FUNERAL DIRECTOR'S	Suitland,		
DATE OLC. 2	4-55-8	Edur	7 H	luis	Summon	I.	ool Good	RESS Hope Rd SE
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To the said

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 12307 CERTIFICATE OF DEATH

T. PLACE OF DEATH- COUNTY Prince Georges Countymaryland CITY (It outside corporate limits, write RURAL and LENGTH OF STAY Maryland Prince Georges limits, write RURAL and LENGTH OF STAY (in this place) TOWN TOWN TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		Je /	18001 OEKTITOA	IE OF DEATH	- 10
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COUNTY PTINCE GEOTGES COUNTYMARYLAND  CITY (Incutate corporate limits, wite RURAL and LEGTH OF STAY ONN TWO BANGE (1901)  TOTAL OR COUNTYMARYLAND  ROSSTALOR ADDRESS  1901 OWEN B ROAD  TOTAL OR COUNTYMARYLAND  STREET ADDRESS  1901 OWEN B ROAD  TOTAL COUNTYMARYLAND  STREET ADDRESS  1901 OWEN B ROAD  TOTAL COUNTYMARYLAND  TOTAL COUNTYMARYLAND  TOTAL COUNTYMARYLAND  SEX  MAILE White  MIDOWEND MAY STREET  MONTHER ADDRESS  1901 OWEN B ROAD  TOTAL COUNTYMARYLAND  MAILE WHO WEND WINDOWN MAY STREET  MONTHER ADDRESS  1901 OWEN B ROAD  TOTAL COUNTYMARYLAND  MAILE WHO WEND WINDOWN MAY STREET  MONTHER ADDRESS  MAILE WHITE  MONTHER MARYLAND  MONTHER MONTHER  MONTHER MARYLAND  MONTHER		<u> </u>	I. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
OR give casars Level)  TOWN OXAN H11  TOWN OXAN H12  TOWN OXAN H11  TOWN OXAN H11	11.31		COUNTY Prince Georges County MARYLAND	STATE Maryland Prince	Feonge
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECASED EVER IS U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT   1901 OWENS HORD, over unknown   15. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   18. MEDICAL CERTIFICATION   19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   19. DISEASES OR CONDITIONS   18. MEDICAL CERTIFICATION   19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   19. DISEASES OR CONDITIONS   19. DISEASES OR CON	7	N N		CITY (If outside corporate limits, write RURAL and	give negrest town)
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Telated to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office (bdg., etc.) OF OFFINIURY OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at work at work obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of the remains described above, held an Autopsy of Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of the remains described of the day stated above, and death in my opinion resulted from: natural causes of the remains described of the day stated above, and death in my opinion resulted from: natural causes of the remains described of the day stated above, and death in my opinion resulted from: natural causes of the remains described of the day stated above, and death in my opinion resulted from: natural causes of the remains described of the day stated above, and death in my opinion resulted from: natural causes of the remains described above of the day stated above, and death in my opinion resulted from: natural causes of the remains described above of the day stated above, and death in my opinion resulted from: natural causes of the remains described above of the day stated above, and death in my opinion resulted from: natural causes of the remains described above of the rem	3	FA	II. OTHER SIGNIFICANT CONDITIONS		
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)	-	5.	related to the disease or condition causing death.		
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		Han	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		豆草			Yes No D
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)	b	MAG		(CITY OR TOWN) (COUNT	
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)			CAUSE OF DEATH. OF office bilg., etc.)	Forcational 16 (P. S.	hus
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		75	TIME (Month) (Day) (Year) (Hour),   INJURY OCCURRED	HOW DID INJURY OCCUR?	di Carabta hal
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		Z-E		Charlet authorized	7
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		A 9		ich such mound and	urney me
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  JAMES I. BOYD, M.D.  8200 Marlboro Rike, Forestville, Md.  23. RURIAL GRANATON DATE THEREOF NAME OF CEMETERY DRAMENIAN LOCATION (City, town, or county) (State)		PI PI	22. I certify that I took charge of the remains described above, held an	Autopsy [], Inspection [], Inquiry [ thereon and	d from the evidence
JAMES I. BOYD, M.D. 8200 Marlboro Rike, Forestville, Md.  BURIAL OFREMANION DATE THEREOF NAME OF CEMETERY DE SIENEX LOCATION (City, town, or county) (State)		100	obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the day stated above, and death in m	y opinion resulted
JAMES I. BOYD, M.D. 8200 Marlboro Rike, Forestville, Md.  BY NAME OF CEMETERY ARCHEMINEX LOCATION (City, town, or county) (State)		L	SIGNATURE.	undererminea [].	DATE SICKED
JAMES I. BOYD, M.D. 8200 Marlboro Rike, Forestville, Md.  23. RURIAL OF THE		2	terner 1 Jon		12-6-55
23. BURIAL CRAMANON DATE THEREOF NAME OF CEMETERY DE SPENIX LOCATION (City, town, or county) (State)				8200 Marlboro Rike Fores	tville Md.
Burial Dec. 9.1955 Saint Barnabas Cemetery Oxen Hill Maryland	-	SE		ERY AR MERITATION (City, town, or cou	inty) (State)
	151	EA	Burial Dec. 9 1955 Saint Barr	abas Cemetery Oxen Hill M	arvland

B.Y UASSUE

DEC 12 1955

DECENAED.

e e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12274
E	Item 7, FilmG191 1-5-56 et CERTIFICATE OF DEATH Reg. Dist	. No. 23
fully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
careful legibly		na yeryan
tion c	CITY (If outside corporate limits, write RURAL OR and give nearest town)  RURAL (in this plate)  OR  TOWN  OR  TOWN	ano give nearest town)
y a	HOSPITAL OR STREET (If rural give location)	ond x
item of information carefully of death clearly and legibly.	77 STREET ADDRESS Prince Genger Jan, Hoge. ADDRESS 5714 Nome	Street.
f in	DECEASED: OF	Day) (Year)
death	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE QF/ BIRTH:   9. AGE jast birthday   17 UNDER 1	EAR IF UNDER 24 HRS.
	RACE: WIDOWED, DIVORCED. (Specify): Widowed , 45 yrs. Months I	Pays Hours Min.
Supply every te the causes	10A. USUAL OCCUPATION (Give kind of working life. even if retired): Farmer 10B. KIND OF BUSINESS OR INDUSTRY: South Cavolina 12.	CITIZEN OF WHAT
pply the c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	U.S. H.
Sup e th	Melson Palmore Crene Moton	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates	
Se IZ	of service)	
NG IN	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	446X UMM.18	5 de
ans	IMMEDIATE CAUSE (A)  DUE TO	7
TH UNFAI	DISEASES OR CONDITIONS, IF ANY. (B)	& weeks
TH	STATING UNDERLYING CAUSE LAST.	
M.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	years
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	seas
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/RITE PL	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory, or Contributing Cause of Death of Injury street, office bldg., etc. Injury occur?	(State)
WRITE	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	-
15	OF INJURY While Not while at work at work	
O. Se	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last	saw the deceased
0.	alive on	stated above.
	Launel SV Lugar M.D. mo lainer he	12/29/55
A	23. BURIAL CREMATION, PATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL) (SPECIFY)	county)/ (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR H.S. Washington Sons 46	N ST. N.W.
	12/29/58 Umarda Journey his. Was	

DECENTED

9561 6 NY

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12267

#### CERTIFICATE OF DEATH

Reg. Dist. No.

Tarol Chillical	E OF DEATH Reg. Dist	. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Trime GROTOR'S MARYLAND	STATE Maryland COUNTY	P. Gan.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	and give nearest town)
OR and give nesrest town) TOWN  (in this place) 5 days	TOWN Upper Marlbar	er— X
HOSPITAL OR INSTITUTION OR STREET ADDRESS TONCE SERVICE SERVICE SERVICES	STREET (If rural give location)	1
NAME OF (First) (Middle)	OF 3	Day) (Year)
(Type or Print) Ether Elizebeth SEX:  6. COLOR OR  7. SINGLE, MARRIED.   8. DATE	DEATH: 1)20.	16 1955
RACE: (WIDOWED.) DIVORCED.		Days Hours Min.
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  Hgwf.  Own Home	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
B. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U. 3 H.
James Madison Carrick	Mary Elizebeth Brown	
WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Esther Phelps Duvall	
(es, no, or unk.) (If Yes, give war or dates of service)	Rt #2. Box 102. Upper	Marlhoro M
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Coron	ory Throwboris	5 days
ANTECEDENT CAUSE (S)	1	
DISEASES OR CONDITIONS, IF ANY, (B)	and the second s	THE RESERVE
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	terischnosis	1.20
DISEASE OR CONDITION CAUSING DEATH.		1044
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	И	20. AUTOPSY?
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fac		ty) (State)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	, etc. INJURY OCCUR?	
1p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED  FINJURY While Not while	D   21F. HOW DID INJURY OCCUR?	
M. at work at work		
2. I hereby certify that I attended the deceased from	= 11, 1955, to Fee 16, 1955, that I last	saw the deceased
alive on Pec 16, 1955, and that death occurred at		
	1. o. When Worllow Nd.	12-16-55
23. BUNAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR PREMATORY   LOCATION (City, town, or	county) (State)
Burial December 20, "55" Mt.	Oak Cemetery Mitchellvill	le, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15 -- 10 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

DEC 88 1822

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### 12308 CERT

#### CERTIFICATE OF DEATH

g. Dist. No. 243

		ODICI II IOILI	B OI DEI	Reg. D	nst. No
1. PLACE OF DEAT	· Geo's Coun	ty MARYLAND	CIED A COTO	e (HOME) OF DECEASED	COUNTY Pr.Geo's
CITY (If outside	corporate limits, write RUR town) Chellville		CITY (If outside co	orporate limits, write RURAL Chellville	and give nearest town)
HOSPITAL OR INSTITUTION COSTREET ADDRESS			STREET ADDRESS	(If rural, give loca	ation)
3. NAME OF DECEASED (Type or Print)	John	(Middle)	Phelbs	4. DATE (Monor of DEATH 12	, , , , , , , , , , , , , , , , , , , ,
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Mariica	July 25, 18	9. AGE last birthday   82 yrs.	If under 1 year   If under 24 hr Months   Days   Hours   Min.
don Aduring most of	PATION (Give kind of work working life, even il retired)	10b. KIND OF BUSINESS OR	Maryl and	tate or loreign country)	12. CITIZEN OF WHAT
Charles			14. MOTHER'S MAI	den name odward	
Yes no or unknown	Ever In U.S. Armed Forces   (If yes, give war or dates   service)	S?   16. SOCIAL SECURITY NO.		elene Phelps	Maryland
I. DISEASES OR C	conditions directly			clerosis	INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise	ent cause(s) r conditions, if any, to the above cause underlying cause last	Cerebral Arteriosclero	1513- gener	ralizen	Unt
Conditions contrib	FICANT CONDITIONS buting to the death but not ease or condition causing dea	th. Metastatie	Prostation	c CARCINOMA	8 years
19a. DATE OF OP		FINDINGS OF OPERATION		.1	20. ACTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) URY			Yes No SUNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
22. I hereby cer alive on	tify that I attended the Dec., 1955, and Darson I Date there	ne deceased from duncand that death occurred at	2 of A.m., from Depose In a	the causes and on the college of the causes and on the college of the causes and on	date stated above.  DATE SIGNED  16-12-53
REMOVAL (Spo	ecify) 12/19/	55 Woodlawn	Cemetery	Baltimore	Md.
REG./2-20-	-55 7ws. Ogn	es & Gengling			Marlboro. Md.

828

correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC S8 19E2

BUREAU V. S.

- SUN 3 ENNS X

No. 245

19 53

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yea No

ADDRESS

(State)

UII/

Undetermined cause

Hours

12. CITIZEN OF WHAT

COUNTRY 2

(Day)

Davs

Months

(County

DEC 89 1952

BUREAU V. S.

REGISTRAR'S SIGNATURE

(Day)

Days

(County)

DATE SIGNED

(Year)

IF UNDER 24 HEE

ONSET AND DEATH

AUTOPSY: NO

(State)

(State)

0

Hours

COUNTRY?

DATE REC'D BY LOCAL

REGISTRAR

# BECEINED

BUREAU V. S.

9.501 S NY!

ALTERNATION OF DISABILITIES AND ACCUMENTS

Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bldg., etc.,

21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) Not while work [ at work 21c. (City or town)

ASSISTANT MEDICAL EXAM.

(County)

(State)

20. AUTOPSY? Yes No No

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection 🔼 Inquiry 🔄, and find that death resulted from: Natural causes Accident | , Suicide | , Homicide | , Undetermined cause | CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE

M. D.

3. BURIAL, CREMATION, OR CREMATORY EMOVAL (Specify) : TLINEOLN JURIAL

24. FUNERAL DIRECTOR

LOCATION (City, town, or county) ME 600.CS ADDRESS

(Day)

(Year)

Hours

12. CITIZEN OF WHAT

COUNTRY?

19 5.5

INTERVAL BETWEEN

ONSET AND DEATH

DATE REC'D BY LOCAL

INJURY

We W

BUREAU V. S.

SS61 8 036

BECEIAED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 13,14 See: Birth Cert. et

9	2	269	CERTIF	ICATE	OF	DEA	TH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY RINCE GEORGES MARYLAND	STATE Md. COUNTY PR	Ne beorges
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place)	TOWN MT DA	16
HOSPITAL OR 1HR-5 mil		70
MINSTITUTION OR /	ADDRESS 2 7	10 -
STREET ADDRESS TRINCe Georges HOSpilA	4 114-20-21	Ree/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) DADY 1304	CAMY DEATH: 12/	9 1955
5. SEX:   6. COLOR OR   7. SINGLE. MARRISO.   8. DATE RACE: WIDOWED, DIVERCED.		
m (Specify): SiNGLE 12/9	yrs. Months	Days Hours Min.
A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12	CITIZEN OF WHA
work done during most of working life, even if retired):	md	COUNTRY
B. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	01. d
50-1-1-1-1	- 1 1	
FREder, CK Ralph Reamy	MAR 4 Fornittia Pyle	3
Was Deceased Ever In U.S. Armed Forces: 18. Social Security No. Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT A ADDRESS:	
of service)		
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEE
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
IMMEDIATE CALISE (A) Pull	isungu audilia	1/4oux
DUE TO	000000	110
ANTECEDENT CAUSE (8)	O a La Oo a Street is	1 Hour
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Q volumes of	
STATING UNDERLYING CAUSE LAST.	and a desta Total	16 mm
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	mercury	10 miles.
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN .	20. AUTOPSY?
		YES NO
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, far CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg		inty) (State)
IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURY	
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	9 , 19 , to 12 9 , 19 1 that I la	st saw the decease
	2.24	
alive on, 191, and that death occurred a	t 9: JOPM, from the causes and on the date	ated above.
CHALLING DON KILLANA	Ma Comment	12-19/5
	TERY OR CREMATORY   LOCATION (City, town)	of county) (State
() REMOVAL (SPECIFY)	04 11. 101.	mil
Cremer la Wis een bus I Muse Ma		13
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. S.

DEC 12 1955

DE CEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORI	E,	18 ]	22	8
12219		RTIFICATE				Dist		-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN Hypetterille
11,400341110 1 11 4130	STREET (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3903 Queensbury Road	ADDRESS 3903 Queensbury Road
DECEASED:	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: December 22 1955
RACE: , WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Der 28/1867   87 yrs.   Months   Days   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  10B. KIND OF BUSINESS OR INDUSTRY:  At home	Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Francis Phillips	Appolina Adams
5. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates	
No of service) None   None	Miriam E. James, 3903 Queensbury Rd
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	oschlerate Heart Disease
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
2012 ()	YES NO THE
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY  OF INJURY  M.   21E INJURY OCCURRED While Not while at work   21E INJURY OCCURRED WHILE WHILE WHILE WHILE WAS A WORK   21E INJURY OCCURRED WHILE WHILE WAS A WORK   21E INJURY OCCURRED WAS A WORK   21E INJURY OCC	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2	1, 1955, to De 22, 1956, that I last saw the deceased
alive on 2 21, 1955, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
1 6/1 22-12 / 6	
( ) Jeene ( House M	
	ery or Crematory   Location (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	



BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12270 CERTIFICATE OF DEATH

>	
carrefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
tion careful	COUNTY Prince Georges MARYLAND STATE Maryland COUNTY Prince Georges
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest fown)  OR and give nearest fown)  (in this place)  OR
tion	38 TOWN Cheverly . Idays Town Colman Manor X
item of information of death clearly and	HOSPITAL OR INSTITUTION OR PRINCE George's General Hosp. STREET ADDRESS (If rural give location)
em of in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) / nomas Nedmond DEATH: 12/21 1955
Man.	5. SEX: 6. CÓLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCED, (Specify): 5-2-87  8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min.  9. AGE last birthday IF UNDER 1 YEAR HOURS Min.
every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?    COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?   COU
Supply ite the c	13. FATHER'S NAME: Redmond Catherine Stindles
K K	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service)
. 65	18. MEDICAL CERTIFICATION INTERVAL BETWEEN
ERVED ADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
ER 'AL	IMMEDIATE CAUSE (A) ME dullary Complession
IIN RESE TH UNFA	ANTECEDENT CAUSE (S)
r R	DISEASES OR CONDITIONS, IF ANY. (B) Custical Order
0 -	STATING UNDERLYING CAUSE LAST.  (C) CELEBRAL VAILURE accident 5 days
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
N d m	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
3	Dec 19, 1955 no highereaut objective findence "150 100
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
- m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work
O e	22. I hereby certify that I attended the deceased from 19. Dec., 1933 to 20. Dec. 19. 5 that I last saw the deceased
ल चि ब	alive on 200 060 1955 and that death occurred that M from the causes and on the date stated above
	John Dord M. D/Outer day led 12/21/55
S. A15 — PLEASE	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, of county) (State)  Demoval (Specify) 12/24/15 Everguen;
PL.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR THE APPRESS REGISTERAR DIRECTOR THE APPRESS PARTY OF THE PROPERTY OF THE PROPERT

BUREAU V. L.

DEC 88 1822

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE COUNTY CITY (If outside corporate horits, write RURAL OR and give nearest town) LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nesrest town) (in this place) TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS information of STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF (Type or Print) DEATH 195 tenso hour or 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Werried death 5. SEX: 6. COLOR OR 8. DATE OF BIRTH 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS RACE: Months| aug 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILAT INDUSTRY: work done during most of work life, COUNTRY even If retired): metruckon 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME; WAS DECEMBED EVER IN U.S. ARMED FORCES 2 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Supply write th 18. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH INK. Immediate cause DUE TO 5 UNFADING Physicians: Antecedent cause(s) Diseases or conditions, if any, ARGIN giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AINLY, WITH ially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No [ 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (State) PRIMARY E) or CONTRIBUTING CAUSE OF DEATH. OF street office bldg., etc., INJURY Bloom pecially 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at INJURY work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and RITE is es find that death resulted from: Natural causes 🗌 , Accident 🔯 , Suicide 🗋 , Homicide 🗋 , Undetermined cause \sqcap SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAM. M. D. 23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF LOCATION (City, town, or county) LNAME OF CEMETERY\_OR CREMATORY 10 DATE REC'D BY/LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

EVO A &

9-01 G 9-10-2

DECEMED

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baitimore

12310	CERTIFICAT	E OF DEAT	H Reg. Dist	No. 2 # 2
1. PLACE OF DEATH. COUNTY PRINCE GORGS	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY PRIMAR PER			
CITY (II, outside corporate limits, write RURA OR TOWN TOWN TOWN	MARYLAND AL and LENGTH OF STAY (in this place)	CITY (If outside corpora	ate limits, write RURAL and	d give nearest town)
HOSPITAL OR INSTITUTION OR 556 ENTER, STREET ADDRESS 56	PRIST RD	STREET ADDRESS AT	(If rural, give location)	PPRISE Rd.
3. NAME OF DECEASED (First) (Type or Print)	(Middlo)	(Last)	4. DATE (Month) OF DEATH	2 (Day) (Year)
MALE 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If un Mon	nder 1 year   If under 24 hr aths   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	10h. KIND OF BUSINESS OR INDUSTRY RAL GOVT,	11. BIRTHPLACE (State of	OWN	COUNTRY!
UNKNOWN		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	NONE	17. INFORMANT L.C. THOM	PSON	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
Antecedent cause (a) C.  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	ronary Thromb Hensilasti H	ypertheir He Attervieler	lusion cut lise a	ante
Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION   19b. MAJOR F		ema		20. AUTOPSY?
0 -				Yes   No
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 1	OWN) (COUN	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on	d deceased from Oct		7., 19.57, that I la	
SIGNATURE Kun	(Degree or title)	ADDRESS  RED R	ruic & d	DATE SIGNED
23. BURYAL CREMATION DATE THEREO	NAME OF GEMETE	RY OR CREMATORY	OCATION (City, town, or	pounty) (State)
DATE REC'D BY LOCAL DEGISTRAC'S	SIGNATURE	24. FUNERAL DIRECTO	Regard &	5 ADDRESS
veriet 3 3 1 moule	umpun	in the lawy	W	ash DC
	The state of the s	the state of the s		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

Note Consulted into John T. maloney m. D. regard This care. Da & King

BUREAU V. S. WAL.

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12311

CERTIFICATE OF DEATH

Reg. Dist. No. 143

6/2		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Prince Georges MARYLAND	STATE D C COUNT	ry =
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Glenn Dale (rural)	CITY (If outside corporate limits, write RURAL and OR TOWN Washington	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital	STREET (If rural give location) 5045 Sargeant Rd., N.E	. /
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Jeter M. Ro	(Last) 4. DATE (Month) (Day) berts OF DEATH: Dec. 10	
5. SEX:  S. COLOR OR NOTE OF STREET S	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE. Months Day	ys Hours   Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter Self-employed	V	ITIZEN OF WHAT OUNTRY? ISA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Dolph Roberts	Priscilla Dalton	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of Yes 12/2/12 to 577-05-3189	Informant & Address: Decedent	
6/19/45 18. MEDICAL CERTIFICATION	ON	Interval Between
Immediate cause  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause iast.  DUE TO  (a)  DUE TO  DUE TO	iht Kiduly with Pulmmany metastass	2. 7 1000
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	PATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/2	19 55, to 12/10, 19 55, that I last s	aw the deceased
alive on 12/10, 19.55, and that death occurred at 4	150 A.M. from the causes and on the date s	tated above.
Name 120 Fine Care, With Glenn I		/10/55 nty) (State)
	24. FUNERAL DIRECTOR B.H. Hines Co. 2961-14 K	ADDRESS Sc. N. 4.

E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN-RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH

DECEDAED

DEC SO THE

MARYLAND STATE	DEPARTMENT OF	F HEALTH—BALTIMO	RE, 18

1	228	6
Reg.		1

				,	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 23/

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Punci GUERRIO MARYLAND	STATE AID COUNTY Prince SIR-	
CITY (In outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest tow	n)
OR and live dearest town and (in this place)	TOWN Palmer Part - Hyattmile	X
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR 7827 - Mussey Road	ADDRESS 7 828 Muncy Grad	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	- Contract
(Type or Print) Stree	nberg   DEATH 12-12- 1053	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 I	
temple While (Specify): Wall- 17-	13 63 72 yrs.	in.
10a. USUAL OCCUPATION (Give kind of work life, INDUSTRY:	R   11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI	IAT
work done during cost of work life, even if retired):	1 Kursia 1 Kursia	~
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
place Dogin	Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	man Cosenberg Same address	
	AL CERTIFICATION INTERVAL BETW	men
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	O ONSET AND DE	
Immediate cause (a) Thanshor	· & Sembly	
DUE TO	1 . 1 - 1	
Antecedent cause(s) Diseases or conditions, if any, (b)	lest his	
giving rise to the above cause DUE TO		
stating underlying cause last (c) fall m	mi	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	May disease	
19a. DATE OF OPERATION: 19b MAJOR FINDING OF OPERATION	20. AUTOPSY	3
11-1-35 1 Thursedonler	seffer of lift ferm Yes No	文
PRIMARY Or CONTRIBUTING DE Street, office bldg., etc.	(State)	
CAUSE OF DEATH. INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	1 af. How DID INJURY OCCUR?	
OF INJURY 9-26-55 7.00 M. While at work of at work of	I Fall on home	
22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy [], Inspection []. Inquiry [].	and
	dent X Suicide [], Homicide [], Undetermined cause	
SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER	ED
The Maloney ( Hyalbrille Md)	M. D. ASSISTANT MEDICAL EXAM. 1 /2-12-5	
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER		5
REMOVAE (Specify)	RY OR CREMATORY   LOCATION (City, town, or county) (State	5
REMOVAL (Specify): 12/13/55 Blan Du	Meen. Phila Ja	-
REMOVAL (Specify):		-

BUREAU V. S.

DEC 14 1955

BECEINED

17	5-01	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	12287
1	The	12272 CERTIFICATE OF DEATH Reg. Dist.	No. 345
dis	carefully legibly.	COUNTY Trule GEORGE MARYLAND STATE MC COUNTY	18
		COUNTY MARYLAND STATE COUNTY  CITY (If oviside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and live nearest town)  TOWN  TOWN  COUNTY  CITY (If outside corporate limits, write RURAL at OR TOWN  T	nd give nearest town)
M	nformation clearly and	HOSPITAL OR OF MINISTITUTION OR OF MINISTITUTI	100
1	- marketing	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (D DECEASED: B - 2 / 2 / 7 / 7	Day) (Year)
l	item of of death	Type or Print) DERIVAN DEATH: A DEATH:	S - 195 S  EAR   1F UNDER 24 HRS.  Rys   Hours   Min.
rH	every i	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTYPLACE (State or foreign country): 12. (work done during most of working life. OB INDUSTRY:	COUNTRY
DING	Supply e	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	W.D.
R BINDI	K. Suj	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates	- 0
DFOR	G IN	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
RESERVED	ADIN s: pl	i DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  #20.1  IMMEDIATE CAUSE  (A) Recurrent attacks of Coronery  OUE TO Humanias with many cordinates.	1240
RESI	UNF	DISEASES OR CONDITIONS, IF ANY, (B) subsection due to anterior characters	
ARGIN	WITH it. Phys	GIVING RISE TO THE ABOVE CAUSE DUE TO (C)	
MA	- 8	II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20, AUTOPSY7
	and a	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of Injury occur?)	y) (State)
4	R WRITE is especia	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
53	PE OF	22. I hereby certify that I attended the deceased from apr., 1943 to Dec 13, 1950 that I last alive on Dec. 10, 1956, and that death occurred at 10,5 M, from the causes and on the date s	
- 10 -	TY	melon Slicish mu M.D. 2320 Tutowplace 12	115/57
A15-	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or BURIAL (SPECIFY) 12-18-1955 BETH TFILOH BALTO. M	0
V.S.	PI	DATE REC'D BY LOCAL REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR Leurs ne-2100 Eu	tow PL

me ma my minimis mi

DECEIVED
DEC 21 1955

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12273 CERTIFICATE OF DEATH

	See B.C. 1/5/54 P. B.Co. 200 8 0 CERTIFICATI	2 OF DEATH Reg. DIS	1. No. 02 / 02
у.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
and legibly	For Carrier	STATE Md. COUNTY Trio	ce Georges'
leg	COUNTY TO ACE GEORGES MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
pu	OR and give nearest town)	OR TOWN M: Laballa: 1/4	
	Town Cheverly 9 1/2 hours.	11(1Tenelloille	A
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location	)
ea	STREET ADDRESS Prince Georges beneral Hospital	hoote #1, Dox	68
death clearly	3. NAME OF (First) (Middle)		Day) (Year)
ath	DECEASED: (Type or Print) Robert	.004 OF DEATH: 12 - 2	4 19.50-
	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED.   8. DATE	OF BIRTH:  9. AGE last birthday IF UNDER	
Jo	RACE: WIDOWED, DIVORCED, (Specify): \$20	5-556 yrs. Months	Days Hours   Min.
50	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
causes	work done during most of working ilfe, even if retired):	Manuland.	COUNTRY
		11/001 4	U.S.A.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Charles JAVOY	Frances Thorter	
write	15. WAS DECEASED EVER IN U.S. ANGED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
0)	(Yes, no. or unk.) (If Yes, give war or dates of service)	Statistic Card	
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
L.	491X R 1		1 111.
IIS	IMMEDIATE CAUSE (A)	of reumania	ayms.
Physicians	ANTECEDENT CAUSE (8)		
ysı	DISEASES OR CONDITIONS, IF ANY. (B)		
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
	(C)		
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
or	DISEASE OR CONDITION CAUSING DEATH.	hydre wreter thy dry ne	dered 2420
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	/ /	20. AUTOPSY?
	4		YES NO
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Coun	ity) (State)
ecis	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While Not while at work at work		
97		72 1000 10134 1010	
age	22. I hereby certify that I attended the deceased from 12/3		
	alive on 12/24, 1955, and that death occurred at	8AM, from the causes and on the date	stated above.
oe.	SIGNATURE /	ADDRESS	TE SIGNED
correct	Hilliam p. Willand gher M.	D. 7220 Freet Plan ERY OR CREMATORY   LOCATION (City, town, o	. 24 50
Ö	23. BURIAD CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 13-27-55 (1) 11 mod Park		r country) (State)
	1/1-1/-3-1 /// And VO.	1150	1-1 111

VS. A15 - 10 - 53

DATE REC'D BY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDIN

"JREAU V. S.

DEC 30 1822

BECEINED

carefully. The

Supply every item of information

OR WRITE PLAINLY, WITH UNFADING INK.

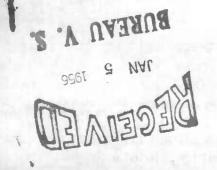
PLEASE TYPE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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12313 CERTIFICATE OF DEATH

RE, 18 12280
Reg. Dist. No. 2245

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);			
gib	COUNTY Prince Georges MARYLAND	STATE Maryland COUNTY Prin	ce Georges			
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a				
pu	OR and give nearest town) (in this place) (in this place) 1 yr.	TOWN West Hyattsville	15			
8	HOSPITAL OR	STREET (If rurai give location)				
death clearly and legibly	institution or 795718th Avenue	ADDRESS 795718th Avenue				
ि		(Last)   4. DATE (Month) (I	Day) (Year)			
ath	DECEASED: (Type or Print) VIRGIL KATHERINE SHOC	KLEY DEC. 30	th, 19 55			
Jo		OF BIRTH: 9. AGE last birthday   IF UNDER 1 Y				
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife At home	11. BIRTHPLACE (State or foreign country):   12.  Ravalli, Montana	COUNTRY?			
Je	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
please write the	John E. Broom	Anna Jordan				
vri	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
e	(Yes, no, or unk.) (If Yes, give war or dates No of service) Bone Unknown	C.Wilfred Shockley 7957-	18th Aye			
eas	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN			
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 .1	ONSET AND DEATH			
**	IMMEDIATE CAUSE (A) acute pulmonary failure					
an	DUE TO	1. 1.				
sici	ANTECEDENT CAUSE (8)  Mitas	totic carcinoma	5 Mos			
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	our of lost breast	6 ms			
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	what of test vales	10 77-011			
rta	TO THE DEATH BUT NOT RELATED TO THE					
important.	DISEASE OR CONDITION CAUSING DEATH.  19A/DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N.				
	1 July 23, 1955 Carcinoma left	breast	20. AUTOPSY7			
especially	A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)			
or INJURY						
e is	22 I haraby cartify that I attended the deceased from Date	Her 1957 to Dec 30 1957 that I last	saw the deceased			
age	22. I hereby certify that I attended the deceased from October, 1957, to Dec 30, 1957, that I last saw the deceased					
correct 8	alive on Lec. 29, 1955, and that death occurred at 1/30 M, from the causes and on the date stated above.  SIGNATURE  ADDRESS  AT NW Washington 12, De					
COI						
REMOVAL (SPECIFY) 1/4/1956   Lone Pine Cemetery   Darby, Montana						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1976 LAWY SIGNATURE W.W.Chambers Company, River						



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MARGIN RESERVED FOR BI	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply ever age is especially important. Physicians: please write the c
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VS. A15A - 5 - 53

MADVI AND CHAME DEPARTMENT OF HEALTH DALTMANDE 10	12290
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.
	No.
1. PLACE OF BEATH:	
COUNTY COUNTY MARYLAND STATING COUNTY VI	4 trans
CITY (If outside corporate limits write RURAL and OR land give barest town)  CITY (If outside corporate limits write RURAL and OR land give barest town)  CITY (If outside corporate limits write RURAL and OR TOWN)  CITY (If outside corporate limits write RURAL and OR TOWN)	d give dearest toyh)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2504 Caldison Programmed ADDRESS 2504 - Cald Aug	mRoad
3, NAME OF DECEASED: (Type or Print) Norma (Middle) (Last) 4. DATE (Month) (Date of Print) (Type or Print) (Middle) (Month) (Date of Print) (Middle) (Month) (Middle) (Middle) (Month) (Middle) (Middle	
SEX: 6. COLOR OR 7. SINGLE, MARRIED 8/DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1  Penule With Theorem 19, 1911 3 4 yrs.	YEAR   IF UNDER 24 HRS.  ays Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12 Noverk done define most of work life, INDUSTRY:	COUNTRY?
11. FATHER'S NAME: Clarence Seagle Tala Tones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, nb, or unk.) (If Yes, give war or dates of service) 279-/2-2169	une address
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Subaroshuo lamanha	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	To 1 Paris
Diseases or conditions, if any, (b)	androl arte
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office bldg., etc., INJURY)  21c. (City or town)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY M. While at Not while work at work	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection	
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undete	
M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or cememoval (Specify):    Dec 13, 1955   Cedar Hill Cemetery   Suitland Marylar	9
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12/5 Carcle Campbell F. Gasch's Sons Hyattsville,	Mary Tandes

BUREAU V. S.

DEC TO 1022

BECEINED

#### 1997/ CI

#### CERTIFICATE OF DEATH

g. Dist. No. 23.

12214 CERTIFICATI	E OF DEATH Reg. Dis	it. No. 💢 🔾
I. PLACE OF DEATH: \	2. USUAL RESIDENCE (HOME.) OF DECEASE	ED:
COUNTY PAINCE LEDGISMARYLAND	STATE MICH COUNTY #	7
CITY (If outside corporate limits, write RUBAL, LENGTH OF STAY		and give nearest town)
TOWN and give nearest town) (in this place)	TOWN Mt. Kainel	N 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS   MILE FLOYING HOSPI	STREET (If rural give, location ADDRESS)	1
3. NAME OF DECEASED: (Type or Print)	(Last)  MMS.  4. DATE (Month)  OF DEATH: /2 -	(Day) (Year) 30 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify):	B OF BIRTH: 9. AGE last birthday IF UNDER Months yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); OR INDUSTRY:	11. Birthplace (State or foreign country): 12	. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME: Coller	Lawra M. Edery	field
(Yes, no, or ank.) (If Yes, give war or dates of service)	Mr. Moerty + Summ	,
18. MEDICAL CERTIFICA		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	U U	INTERVAL BETWEEN
33 IMMEDIATE CAUSE  (A) Introcro	aniel haemorrhage	
DISEASES OR CONDITIONS, IF ANY. (B) RUNTURE	Congenital Cerebral	Annov.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Approx.
HABURUSM. K	Right int. canotidarles	" TWEEK
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7	7
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
LO. DATHERONE ATION . LOS MAJOR EINDINGS OF OPERATIO	andewonstrating aneurysky	20. AUTOPSY1
12/29/55 11 " " NECK dissee	tion and applicationcland	YES NO E
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, facon Contributing   Cause of Death Of Injury street, office bldg. (If either, notify medical examiner)	actory, 21c. WHERE DID (City or town) (Cou	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from /Z/	26 . 1955 to 12/30 19.5 Shat I las	st saw the deceased
alive on 12/30, 1955, and that death occurred at	t 8: 25 M, from the causes and on the date	
John Sord und	M.D. 2025 Eye St. Well DC D	2/30/55
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town,	100
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 EMNERAL DIRECTOR	ADDRESS A

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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		DEPARTMENT		HEALTH-BALTIMORE	C,	18
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E,	18	12292
eg.	Dist.	No.

	2.0.00		
A	1. PLACE DF DEATH:	2. USUAL RESIDENCE (HDME) DE DECEASER	D: . O.
legibly	COUNTY Tune lenger MARYLAND	STATE Mandandounty Pr	may 20000
le			nd give nearest town)
and	OR and give yearest toyin) (in this place)	OR O	) A
			~, md. X
clearly	HOSPITAL OR INSTITUTION OR .	STREET (If rural give location)	1
eal	STREET ADDRESS June Jensey Jen, Ho	3407-3275	hae -
c c	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (	Day) (Year)
th	DECEASED:	5-10-10 OF A	11
death	5. SEX:   16. COLOR OR   7. SINGLE, MARRIED.   8. DATE		23 19 33
of c	BACE WIDDWED DIVORCED		ays Hours   Min.
	(Specify):Married /0	1 12/ 714 71 8/4 8/1 yrs. Mondas	ays nours min.
causes	IOA. USUAL OCCUPATION (Give kind of 10B. KIND DF BUSINESS	11. BUBTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
an	work done during most of working life, even if retired):	Mark A.C.	COUNTRY?
	13 FATHER'S NAME:	1 104. MOTHER'S MAIDEN NAME:	
the	1/100 /1 / / / / / / / / / / / / / / / /	The mother's implication waste.	
	Um. Molin Doviel	Maria Jane Dolen	race -
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS:	110
	(Yes, no, or unk.) (If Yes, give war or dates of service)	William 1 Sol	ell V
80	18. MEDICAL CERTIFICA	TION	
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	<b>1.</b>	INTERVAL BETWEEN
	420.1	Y O	THE BEATH
92	IMMEDIATE CAUSE (A) _ CLOTE	eronary humbers	SAME LONG
lar	ANTECEDENT CAUSE (\$)		
Physicians	7000	2) of Certeriorlan	
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO	8	
Д	STATING UNDERLYING CAUSE LAST.		
nt.	(C)		
20	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OC	DISEASE OR CONDITION CAUSING DEATH.		
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
			YES NO
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, far	etory. 21c. WHERE DID (City or town) (Count	y) (State)
cia	OR CONTRIBUTING CAUSE OF DEATH DF INJURY street, office bldg.	., etc. INJURY OCCUR?	y) (busie)
ipe	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?	
0	OF INJURY While Not while	1	
97	M. at work at work		
86	22. I hereby certify that I attended the deceased from Y.T.Y.	, 19,23, to 12 - 23 , 190 7, that I last	saw the deceased
eg On		1 9 5 PM, from the causes and on the date	
ct	SIGNATURE		E SIGNED
correct	10 hlata (100)	H. # 000 1.00 1	2- ) 80- 11
COL		TERY OR CREMATORY   LOCATION (City, town, or	county (State)
	REMOVAL (SPECIFY)	(1)	1,
	Dunal 12/2/15571 du		wer, our
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	12/27/55 Ulmanda Soundy	1. Ilho Chr. Armo, Shaller	rele,

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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# VS. A15 — 10 - 53

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12276 CERTIFICATE OF DEATH

Reg. Dist. No.

12293

- 1			
71.7	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1
regiony	COUNTY TRINCE GE ORGESMARYLAND	STATE MO COUNTY PRIA	inplocokaes
3	CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town)	CITYIII outside corporate fimits, write RURAL ar	d give nearest lown)
ann	38 TOWN CHPUCKLU 6 CAUS 18 HA	S TOWN LODER MARI	LARAX
2	HOSPITAL OR INSTITUTION OR I	STREET If rural give location)	/
C. mari	77 STREET ADDRESS RINGE FOR Lacs Gen.	Hospital Rt.# 4.	
	11 111100 0 C A7		ay) (Year)
חבשרנו	(Type or Print) RICHARD Thomas STA	LLINGS DEATH: 121	3 19.5.5
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH 9. AGE last birthday IF UNDER 1 VI	
5	m RACE: WIDOWED, DIYORCED. (Specify): Widower 7 -	12 - 78 77 yrs. Months De	ys Hours Min.
250	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12.	ITIZEN OF WHAT
causes	work done during most of working life, are if retired: Farmer		OUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAJOEN NAME:	USA
piease wine une	Thomas Stallings	Sally Tucker	
2	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Mr. Blair Stallings	
	(Yes No. or unk.) (If Yes, give war or dates of service)	Mr. Blair Stallings Upper Marlboro, Maryl	and
8	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN
5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	610 X	in order to	
0.11	IMMEDIATE CAUSE  (A)  DUE TO	, promise	
210	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	- de - conden o	
A III SICIAIIS.	GIVING RISE TO THE ABOVE CAUSE DIE TO	A	
	STATING UNDERLYING CAUSE LAST. (C)	tooto	
impor cant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	40404	
3	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
E V	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1	Im 28,195 Hypertrophie 1	Troctety.	YES NO NO
capecianty	21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE Home, farm, factor	ory. 21c. WHERE DID (City or town) (County	) (State)
2	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	etc. INJURY OCCUR?	
Cap	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   While   Not while	21F. HOW DID INJURY OCCUR?	
123	OF INJURY  M. While Not while at work		
	22. I hereby certify that I attended the deceased from	1967, to le 3, 195, that I last	saw the deceased
20 20 20	alive on 10 3, 1907, and that death occurred at		
2	SIGNATURE		ated above.
correct	James J. 19 M.	o. Jereshill his le	Ra5,1911"
Co	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Burial 12/6/55 Epiphany Co	emetery Forestville,	Md.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	12-18 155 Umanda Downly	Ritchie Bros. Upper Mar	lboro, Md.

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12315 $\mathbf{C}$

TE	DEPARTMENT	OF	HEALTH-BALT	rimore,	18	12	294
EF	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 2	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince George MARYLAND	STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN West Lanham Hills
X TOWN West Lanham Hills	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
ONSTREET ADDRESS	4910-78 Ave.
3. NAME OF (First) (Middle) (	Last)   4. DATE (Month) (Day) (Year)
DECEASED: Annie ERB Stanf	Pand OF Dag 6 EE
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify): Dec. 2	- 1010 G   Months   Dava   Hours   Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE, (State or foreign country):   12. CITIZEN OF WHAT
even if retired):	Washinston - S. Co COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
2	Dn.
	DRYON DRYON
(Yes, no., ot unk.) (If Yes, kive war or dates	17. INFORMANT & ADDRESS:49 10 - 78 th aux
of service)	ElMER F. STANFORD west frankam Helo md.
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0	mande la
IMMEDIATE CAUSE (A)	in the second of the second
ANTECEDENT CAUSE (S)	( + 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DISEASES OR CONDITIONS, IF ANY.  (B)	selliour hitel drugge of years
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO IN
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor	ory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bldg.,	
21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from 10 /	5, 1951, to ./5/6, 1957, that I last saw the deceased
alive on 12 7, 19.3 J, and that death occurred at	ADDRESS AND DATE SIGNED
1 4 11	DYAD II
	D. 1709 Comment 1 1-16/5
REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or county) / (State)
Bural 12-9-55 Congression	nal Cless. Washington D. Co.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Jagar - 14 ADDRESS
12/6/55 Carrie Campbell	The S. H. Hines Co. Washingt St W. W.

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DEC 18 1862

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Reg.	Dist.

MARYLAN	D STATE	DEPARTMEN	VT OF	HEALTH-	-BALT	IMURE,	19
TITTE	THE A THE	DECERTACE	COL	OTHER	A FENTS	OB	T

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. of
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY Mel SERGES MARYLAND	STATE My COUNTY Prince	500 -
CITY (If outside corporate brits, write RURAL OR and give negret town)  TOWN  LENGTH OF STAY	CITY (If outside corporate limits write RURAL and OR TOWN Was Corporate limits write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PM & SUPPOSE SIM HOSE	STREET (If rural, give location) ADDRESS 4517-30 M Sheet	
3. NAME OF DECEASED: (First) (Middle) (Middle)	(Last) 4. DATE (Month) (Day OF DEATH 12-23	(Year) 19.55
5. SEX: 6. COLOR, OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED, (Specify): Wood 7-	8-1881 74 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	in informant & Address 4222-3	mer, Md
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	active brank to have	ONSET AND DEATH
Immediate cause  DUE TO	Des renal disease	
Antecedent cause(s)  Discovery or conditions if any (b) (andiovascy	la renal disease	
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ No 💆
21a. EXTERNAL CAUSE WAS PRIMARY ☐ Or CONTRIBUTING ☐ CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office bldg., etc	49	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while work   1 wo	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection	Inquiry , and
find that death resulted from: Natural causes Acci	dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER	mined cause DATE SIGNED
SIGNATURE SAN AND SAN (AL ALL AND SAN)	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	12-23-55
2. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): Suc 24, 195 Lort Since	RY OR CREMATORY LOCATION (City town, or co	untx) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 24/55 Chanda Durly	24. SUNERAL DIRECTOR Hyallsville	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEDAED

#### 12316 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12.296

#### CERTIFICATE OF DEATH MEDICAL EXAMINER'S

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Prince Georges MARYLAND	STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Largo  Largo	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS & a wooded area	STREET (If rural, give location)  360 K St. S.F.
(1) 01 11111/	(Last) 4. DATE (Month) (Dsy) (Year) of DEATH 1 2 8 19 J 7
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) Widowed	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired liaborer libb. KIND OF BUSINESS OF INDUSTRY:  Retired	South Carolina U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
(Inknown	Unknown!
(1es, no, or unk.) (II les, give war or dates of	17. INFORMANT & ADDRESS: 1347 Constitution Ave. N.E. Sarah Harris Washington, D.C.
	Sarah Harris Washington, D.C.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
420.1	ONSET AND DEATH
Immediate cause (a)	o course
Antecedent cause(s)	
Diseases or conditions, if any, (b)	scular rend anglase
giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes W No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. work □ st work □	21f. HOW DID INJURY OCCUR?
	oed above, held an Autopsy [], InspectionInquiry and
	lent □, Suicide □, Homicide □, Undetermined cause □.
SIGNATURE ). John	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
BURIAL CREMATION, DATE THEREOF NAME OF CEMETER	The Army (Annual Control (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE REG. 129/55   Corrie Complell.	24. FUNERAL DIRECTOR ADDRESS



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5. SEX:

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Naryland George COUNTY MINCE. GEORGE MARYLAND COUNTYTAINCE CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN neverl HEden. en. HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS (First) 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF BABU (Type or Print) 1510 DEATH: DEC nombsolo 1955 6. COLOR OR 7. SINGLE, MARRIED DATE OF BIRTH: 9. AGE last birthday | IF UNDER 1 YEAR IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED Months Days (Specify) 3 ungle Hours Black 18 Dec VIS. IOA. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: narles Thompson IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) (B) DUE TO

Physicians DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [ NO T

218. PLACE (Home, farm, factory,

21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while OF "INJURY at work at work

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

22. I hereby certify that I attended the deceased from Date 13, 1955, to Lee . 131950, that I last saw the deceased

alive on	death occurred at	ate stated abov
SIGNATURE	ADDRESS	DATE SIGNED
July Cule	M. D. 5301 Hauth St.	1. 14. W.
BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR CREMATORY   LOCATION (City, toya	n, or county)

luca DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

21A. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

REMOVAL (SPECIFY)

FUNERAL DIRECTOR 24

un

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

ADDRESS

(State)

(County)

SECEINED SEC

las.	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12317 CERTIFICATE OF DEATH Reg. Dist.	12298 No. 240
M	item of information carefully.	1. PLACE OF DEATH:  COUNTY  CITY (If outside corporate limits, write RURAL OR and give nearest town)  HOSPITAL OR  2. USUAL RESIDENCE (HOME) OF DECEASED STATE  COUNTY  STATE  CITY(If outside corporate limits, write RURAL of this place)  CITY(If outside corporate limits, write RURAL of this place)  STREET  (If rural give location)	P. 8.
	item of informat of death clearly	DECEASED: (Type or Print)  SEX:   6. COLOR OR   7. SINGLE MARRIED   8. DATE OF BIRTH:   9. AGE last birthday   15 UNDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WIDDER 1 Y   WIDER 1 Y   WID	Ony) (Year)  19 TV  EAR   IF UNDER 24 HRS.  Bys   Hours   Min.
BINDING	Supply every te the causes	10A. USUAL OCCUPATION (Give kind of working life, even if retired):  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:	CITIZEN OF WHAT
PED FOR	SING INK. please wri	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)	INTERVAL BETWEEN ONSET AND DEATH
MARGIN RESER	WITH UNEAD	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	yer
MA	AINLY, importan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
•	WRITE s especia	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory, OF INJURY OCCUR?)  OF INJURY OCCUR?  21C. WHERE DID (City or town) (Count INJURY OCCUR?)  INJURY OCCUR?  While   Not while   Not while   at work   at work   Not while   at work   Not while   Not while   Not while   Not while   Not while   Not while   Not work   Not while   Not while   Not work   Not work	y) (State)
. 10 - 53	TYPE OF	22. I hereby certify that I attended the deceased from 19.7, to 19.7, to 19.7, that I last alive on 19.5, and that death occurred at 12.30M, from the causes and on the date SIGNATURE DATE.	
VS. A15 —	PLEASE	23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Brown of Company) 12-22-55 Howels Cemetery Boden  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  AT A Approximate Fund Formal Formal	ADDRESS (State)
		, , , , , , , , , , , , , , , , , , ,	

BUREAU V. S.

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BECENED

# 12318 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12299 Reg. Dist.

MEDICAL EXAM	IINER'S	CERTIFICATE	OF	DEATH	No.of
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MINDICIAL DIRIGHTANTE & CLIRC	THE CHILL	140.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Younge Search MARYLAND	STATE INCOUNTY	
CITY (If outside corporate limits write IURAL LENGTH OF STAY OR and give nearest twn) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
TOWN	TOWN Compoun	
HOSPITAL OR INSTITUTION OR SEO Palmer Hospital OR STREET ADDRESS & Palmer Hospital Or Control of the Control of	STREET (If rural, give location)	Her E
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print)	Setus OF DEATH Sec.	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8.	OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	
Wall tolor of (Specify): dungle her		s   Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired).	untinoun	4-29.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	
mom	und moun.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)		
18. MEDICA	L CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
745.3 assolus	há	
Immediate cause  DUE TO		
Antecedent cause(s)	un cause.	
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		I.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in NJURY M. M. Work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy A. Inspection	Inquiry F. and
find that death resulted from: Natural causes [], Accid		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Holm J. Maloney,	M. D. ASSISTANT MEDICAL EXAM.	12-3-55
REMOVALI((Specify): 12-7-55 NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or con	inty) (State)
DATE REC'D'BY LOCAL   REGISTRAR'S SIGNATURE		
REG. /- /- /	24. FUNERAL DIRECTOR	ADDINESS
15/5/55 Carrie Campbell.	3. Janes Sone Hyattaville	ADDRESS

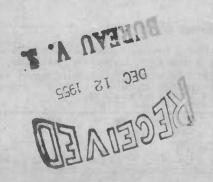
DEC 1 e 1822

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1.2300 Reg. Dist.0

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Trunce george MARYLAND	STATE COUNTY TO	~ I
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURALL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OF WAY! Toreway	STREET ADDRESS 2337 Menton	Place 1
3. NAME OF DECEASED: (Type or Print) Parry Clouton (	(Last) 4. DATE (Month) (Day OF DEATH LE	(Year)
5. SEX: 6. COLOR OR SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE		YEAR IF UNDER 24 HRS. ays   Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:		COUNTRY?
13. FATHER'S NAME: June Walker	14. MOTHER'S MAIDEN NAME:	berry
15. /WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give was or dates of 2009-6219	17. INFORMANT & ADDRESS: 150x157	et, my
18. MEDICA	L CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Secretary of the second second second	INTERVAL BETWEEN ONSET AND DEATH
97311 Oskh	~	)
Immediate cause (a)		
Antecedent cause(s)	from my on the Deliver	
Diseases or conditions, if any. (b)	1000 1000 1000 100	
giving rise to the above cause DUE TO stating underlying cause last	/	-
(c)		1
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		103.00 I W
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		
V		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory,	21c. (City or town) (County)	
PRIMARY For CONTRIBUTING OF Greet, office bldg etc.	- Joseph Hell P. &	Yes Now
PRIMARY For CONTRIBUTING OF Greet, office bldg etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not with the	21c. (City or town) (County) 21f. How, DID INJURY OCCUR?	Yes No
PRIMARY   or CONTRIBUTING   OF greet, office bldg etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	211. HOW DID INJURY OCCUR?	Yes Nogo
PRIMARY of CONTRIBUTING OF Street, office bldg fetc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF While at work at work 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accident	211. How DID INJURY OCCUR?  Ded above, held an Autopsy [], Inspection []  Hent [], Suicide [], Homicide [], Undeter	Yes Now
PRIMARY of CONTRIBUTING OF Street, office bldg etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF While at work at work 22. I hereby certify that I took charge of the remains described.	211. How, DID INJURY OCCUR?	Yes Noge (State) (State) , Inquiry , and
PRIMARY of CONTRIBUTING OF Street, office bldg etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF Street, office bldg etc.  INJURY OCCURRED  While at work of the remains described that death resulted from: Natural causes , Accided SIGNATURE	21f. How DID INJURY OCCUR?  Deed above, held an Autopsy [], Inspection []  Lent [], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	Yes Now  (State)  (State)  , Inquiry , and rmined cause . DATE SIGNED
PRIMARY Or CONTRIBUTING OF Street, office bldg etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF INJURY OF CONTRIBUTION OF Street, office bldg etc.  INJURY OF CONTRIBUTION OF STREET, OFFICE BLDG ETC.  While at work of the remains described find that death resulted from: Natural causes of the remains described find that death resulted from: Natural causes of the remains described from the	21f. How DID INJURY OCCUR?   ded above, held an Autopsy   Inspection	Yes Now  (State)  (State)  , Inquiry , and rmined cause . DATE SIGNED
PRIMARY or CONTRIBUTING OF Street, office bldg etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  22e. In JURY OCCURRED While at work  22. I hereby certify that I took charge of the remains describ find that death resulted from: Natural causes , Accid SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	ed above, held an Autopsy   Inspection   Ins	Yes Now  (State)  (State)  , Inquiry , and rmined cause . DATE SIGNED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

#### MARYLAND 12279 DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

RE, 18 12301 Reg. Dist. No. 23/....

y.	I, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:	
and legibly	P. Nasi	$\mathcal{P}$	eo eges
leg	COUNTY 11:000 Geoffes MARYLAND  CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	CITY(If outside corporate limits, write RURAL and	
pu	OR and give fearest town) (in this place)	OR ,/ /	give hearest town;
	38 TOWN Chewerly	TOWN Hyattsu, 1/e	15
N	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
clearly	77 STREET ADDRESS/ince Georges General Hespital	4012 - Nucholson =	Street
		(Last)   4. DATE (Month) (Da	y) (Year)
death	DECEASED: - / //	OF /	. 1
ea	(Type or Print) Este//a Wa.  5. SEX: 16. COLOR OR 17. SINGLE, MARRIED. 18. DATE	OF BIRTH:  9. AGE last birthday   IF UNDER 1 YEA	19 5 3
of c	RACE: WIDOWED, DIVORCED.	Monthal Day	The second secon
	temale White (Specify): Married 5-	30-1896 3 7 yrs.	
82	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12. Cl	
causes	even if retired):		OUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	- //
the		2	
write	3	/ / / / / / / / / / / / / / / / / / /	
WE	15. WAS DECEASED EVER IN U.S. ARMEO FORCES! IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	of service)	Statistic Card	
please	18. MEDICAL CERTIFICAT	ION	NTERVAL BETWEEN
pla	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 01 1.	DISET AND DEATH
	5811X	as Real Manchion	1
In S	TIMMEDIATE CAUSE (A)	action processing	anno
Physicians	ANTECEDENT CAUSE (S)	-1- MILH.	
ysi	DISEASES OR CONDITIONS, IF ANY. (B)	coshla of Cholelles heave	m
Ph	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
upo	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		an Almanava
ii			YES NO T
ly			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		(State)
pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21F. HOW DID INJURY OCCUR?	
9	OF INJURY While Not while	ZIF. HOW DID INSURT OCCUR!	
00	M.   at work   at work		
9	22. I hereby certify that I attended the deceased from Set.	, 19 1, to Lee 1 , 19 5, that I last s	aw the deceased
ග්	alive on 12 / 19 5 7 and that death occurred at	1013 P.M. from the causes and on the date sta	sted shove
Ct	SIGNATURE SIGNATURE	ADDRESS / DATE	SIGNED /
correct	(esueld of Kear M	p. 4314 Sallatia A. Arattin	le 12/2/53
00	23. BURIAC, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City town, or e	ounty) / (State)
	REMOVAL (SPECIFY) 12/2/5	alla Wala Man	re ond
	DATE REC'D BY/LOCAL   REGISTRAR'S/SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1211 a fra & -10 C -711	ADDRESS
	1012/51 /walland funes	19. WM der sons o W	elle, R.

BUREAU V. S.

DECEINED SE

VS. A15

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12280 CERTIFICATE OF DEATH

	The Dist	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	2:
COUNTY Pr. GEOIGES MARYLAND	STATE Md. COUNTY	r. aeo.
CITY (If outside corporate limital write RURAL LENGTH OF STAY or and give nearest town)  25 TOWN  CITY (If outside corporate limital write RURAL LENGTH OF STAY (in this plafe)  CITY (If outside corporate limital write RURAL LENGTH OF STAY (in this plafe)  CITY (If outside corporate limital write RURAL LENGTH OF STAY (in this plafe))	CITY(If outside corporate limits, write RURAL a OR TOWN  AUPE	and give nearest town)
HOSPITAL OR DELOND Mem. HOSP	STREET (If rural give location)  3 14 - 4 Th	Sl. '
	Where av   4. DATE (Month) () OF DEATH: /2	Day) (Yesr) 3 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED DIVORCED. (Specify) Married 4-	J. Hot last of Coda, It should be	Pays Hours Min.
work done during most of working life.  even if retired):  Australe:  108. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	11 .
I homas Hloya Ellinton	Nora Dessie	TANYIS
(Yes, no, or unk.) (if Yes, give war or dates of service)	17. INFORMANT & ADDRESS: HOSP Record	5
18. MEDICAL CERTIFICATI	ION /	INTERVAL BETWEEN
17/1V	- 1000	ONSET AND DEATH
IMMEDIATE CAUSE (A)	iones of cried	142
ANTECEDENT CAUSE (S) DUE TO MUST	Mit to	1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Musisis	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH		
194. DATE OF OPERATION:	<b>Y</b>	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from More	U17, 1953, to Dec 3, 1953, that I last	saw the deceased
alive on . 19.3, and that death occurred at SIGNATURE	7 M, from the causes and on the date	stated above.
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ASDRESS MA

Hay act no streor regging - P4881

JUREAU V. S.

DECENACIO

12303 Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 242
					A Contract Contract of the contract

MEDICAL EXAMINER 5 CER	INTOAID OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Prince George's MARYLAND	STATE Maryland COUNTY Prince	George's
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN DISTRICT Heights 2 MO	CITY (If outside corporate limits write RURAL and OR TOWN District Heights	give nearest town)
HOSPITAL OR INSTITUTION OR 7619 Atwood St.	STREET (If rural, give location) ADDRESS 7619 Atwood Street	1
(1) po or a time,	(Last) 4. DATE (Month) (Day heeler DEATH December	,
Male   Milite   WIDOWED, DIVORCED, Ma	e of Birth: 9. AGE last birthday: F under 1 yrch 8, 1918 37 yrs. Months De	
work done during most of work life, lever 1 retire:    10b. KIND OF BUSINESS OF INDUSTRY: Automobile	R 11. BIRTHPLACE (State or foreign country): 12. Virginia	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John D. Wheeler	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Service), V. 11 220-26-1616	17. INFORMANT & ADDRESS: Mrs Catherine Wheeler, s.	ame addres
I8. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
Immediate cause  (a) Hemor hage and DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)  (b) Gun shot would be cause of the cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY N or CONTRIBUTING OF Street office bldg., etc. CAUSE OF DEATH.	District Heights P. G.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 12 3 55 6:45. Pl While at work K	Shot self in the head	with rifle
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accidentatives		
REMOVAL (Specify) 1047/55 astorg	Non Hall. Cocation of ty, town, or to	w Ma
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE REG. 5 - 1955 CARRIE CAMPBELL	W.W. Chambers & 5/7/	116 ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

DEC 6 JUEG

SECENED

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
	ANTENNA VALUE N	CALLEA A CILLAR		

	MEDICAL EXAMINER S CER	IIIIOAIE OF	DEATH No.
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)	OF DECEASED:
	COUNTY Prints Leo Co MARKANDEN	STATE Md. CO	UNTY
210	CITY (If butside corporate limits, write RURAL LENGTH OF STAY OR and give nearly town) (in this place)	CITY (If outside corporate lim	its write RURAL and give nearest town)
יוב	TOWN Kevery	TOWN Down	X
2017	HOSPITAL OR JINSTITUTION OR J	STREET ADDRESS	rural give location)
2	STREET ADDRESS There Seo Co. Hosp.	4 a and	Chesnut DG.
201	3. NAME OF DECEASED: (Middle)	(Last) 4. DATE OF	(Month) (Day) (Year)
3	(Type or Print)	Milliams DEATH	
22	RACH: WIDOWED, DIVORCED,	of BIRTII: 9. AGE last	birthday: IF UNDER I YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
3	10a. USUAL OCCUPATION (Give kind of 10b. RIND OF BUSINESS O	R   11. BIRTHPLACE (State or f	yrs. oreign country): 12 CITIZEN OF WILAT
ō	work done during most for work life, INDUSTRY:	1	C ) GOVETTAY?
S S S	even if retired) Albarro  13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	2, 123,711
7	Wallati Williams	Botti	
je je	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	
	(Yes, no or unk.) (If Yes, give war or dates of service)	( Vara )1/100.	Will would
LIG	IS. MEDIC	AL CERTIFICATION	wie water in
2	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH:		INTERVAL BETWEEN ONSET AND DEATH
Sas	Immediate cause  (a) Cerebral C	omprission	a contusion
pie	DUE TO	4. 4.	
13:	Antecedent cause(s) Diseases or conditions, if any, (b)	ubdusal huse	romota
121	giving rise to the above cause DUE TO	-1 ,01	
ysı	stating underlying cause last (c)	acadent	
T'n	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
11.	DISEASE OR CONDITION CAUSING DEATH.		
ta	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes K. No
[0d]	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory	.   21m (City or town)	(Coupty) (State)
Ħ	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, brice bldg., etc. CAUSE OF DEATH.	Bowie -	3. Sis - mid.
II	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCC	IRI paspenger in anto.
Cla	INJURY //- 24-35 PM. work at work	mi collision in	the hactor-banker
spe	22. I hereby certify that I took charge of the remains descri		
at o	find that death resulted from: Natural causes [], Acci	CHIEF MEDICAL	EXAMINER DATE SIGNED
6 1	and and many (Healta: Of she d)	M. D. ASSISTANT MEDICAL	EXAMINER S
age	3. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETER		(City; town or county) ( Sinte)
6	REMOVAL (Specify): 12/3/55 Hall Broller	Juneral Home by	shington Ile
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS ADDRESS
	REG 13/55 Vimar da Douney	It seset ane,	Transmer, 1014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

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MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



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BUREAU V. S.

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WITH UNFADING INK. Supply every item of information carefully. The cortant, Physicians: please write the causes of death clearly and legibly.	CO CI OR TO
m of information	3. NAN DEC (Ty) 5. SEX
item of ir	10a. U:
UNFADING INK. Supply every iter Physicians: please write the causes	15 W/ (Yes; no
r INK. S	I. DI
UNFADING Physicians:	A D gi st
VITH rtant.	Co rel 19a. DA
PLEASE WRITE PLAINLY, Wasc is especially impor-	21. AC SU IIIO TIM OF INJ 22. I a s S RI RI

	E OF DEATH Reg. Di	st. No6 3 /
Item 2, FilmG191 1-11-56 et	2. USUAL RESIDENCE (HOME) OF DECEASED:	h
COUNTY FINCE GEOGE MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN		and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Shall Nash St., N. E.	on)
RACE: (Specify)	(Last)  4. DATE (Month) (I OF BIRTH:  9. AGE last birthday: If UNDER Months OF Months	Days Hours Min.
15 WAS DECEASED EVER IN U.S.ARMEO FORCES? 16. SOCIAL SECURITY No.: 17 (Yes; no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICAT	MISS MATILDA EPPS	Interval Betwee
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a) DUE TO  (b) DUE TO  (c)	live Heart Failure ive Cardio-Varealee Du	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	elity	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
SIGNATURE (Degree or titla)	ery or CREMATORY LOCATION (City, town or Location City, town or Loca	te stated above.  DATE SIGNED,
	701-3rd st.J.	CC -

3361 9 MAI DECENTED

BUREAU V. S.

FORTH ARM TEND 124 3 407 J. W. SHI

HOUSE WITCHES HOPLE STATIONERS COUNTYS SEL

120	322			HEALTH—BALTIMORE,	
MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

12306 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DE	ATH	DEA	OF	TCATE	CERTIF	JER'S	XAMIN	LE	DICA	M
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MEDICAL EXAMINER S CER.	LIFICALE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY James Sences MARYLAND	STATE Md COUNTY Pr. Seg	2 -
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN	CITY (If outside corporate limits write RURAL and OR TOWN Witcheller	give nearest town)
HOSPITATION OR STREET ADDRESS Off el of Dr. Purty	STREET (If rural, give location)	1
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day) OF DEATH 12 - 24	
Male Colored (Specify): Sing Oct	-10,1955 2/2 mgs. Months Da	ys Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: Wilson	Sadie Fitzenald	/
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Mother - Same address	253
18. MEDICA	L CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (8) Thansht	in	
Immediate cause  (a)  DUE TO	1	
Antecedent cause(s)	desia	
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ⊠_No □
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bidg., etc., CAUSE OF DEATH.	21c. (City or town) (County)	(State)
ZId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile work at work	21t. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy 🔼, Inspection 🔼,	Inquiry A, and
find that death resulted from: Natural causes Accid-	ent 🗌, Suicide 🔲, Homicide 🔲, Undeter	mined cause 🔲
John J. Maloney (Hyattenille Md)	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 12-24-55
23. BURIAL, CREMATION,   DATE/THEREOF   NAME OF CEMETER	QR CREMATORY LOCATION (City, town, for con	
BEMOVAL (Specify): 12-25-55 Clews	Chapel Swensville	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
ELC. 27, 1733 MID. Copus M. publica	Villiam Stelle 1 -108 No	ion: Dt)

VS. A15A - 5 - 53

DECEDATED

BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING correct age is especially important. Physicians:

A15 VS.

CERTIFIC	JAIL	OF DEAL	n	Reg. Dist.	No. L.	
1. PLACE OF DEATH:		2. USUAL RESIDE	CE (HOME) OF	DECEASED	•	
COUNTY Pr. Geo's. MARYLAND	,	STATE Mary	and COUNT	y Pr.	Geo's	
CITY (If outside corporate limits, write RURAL CINGTH COR and give nearest town)  Y TOWN Melwood  Life	OF STAY		orporate limits, wri			
HOSPITAL OR INSTITUTION OR Rt.#4.		STREET ADDRESS R	5.#4	ive location)		1
3. NAME OF (First) (Middle)	(1	Last)	4. DATE (Mo	onth) (D	ny) (Ye	ear)
(Type or Print) John Henry	W	indsor	OF DEATH:	12 9	9 19	55
RACE: WIDOWED, DIVORCED,		of BIRTH: 9	AGE last birthday  64 yrs.		AR IF UNDER	Min.
work done during most of working life, OR INDUSTRY:  Mathteniance Man	Comm:	11. BIRTHPLACE (S			US A	WHA"
13. FATHER'S NAME:		14. MOTHER'S MA	DEN NAME:			
Dick Windsor		Martha Tal	bott			
18. WAR DECEASED EVER IN U.S. ARMEO FORCES? (Yes, ho, or unk.) (If Yes, give war or dates of service)	TY NO.	17. INFORMANT &	ADDRESS: Alf: Upper	red E. Marlbo	Windsoro, Mo	or d.
18. MEDICAL CEI	RTIFICATIO	ON			INTERVAL B	PETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH		D	, ,	ONSET AND	DEATH
IMMEDIATE CAUSE (A) ACL	ati (	Pangosti	i heari	faile	ici	
ANTECEDENT CAUSE (S)		10		0 ,	6	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO	elso	souler	) Renu	l cles	les	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	less	Lete mel	ile,			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OR	PERATION				YES T	NO W
21a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of INJURY street, or CAUSE OF INJURY STREET, or CA			D (City or town)	(County	(St	tate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OF INJURY M. While Not at work at w	while	21F. HOW DID IN	JURY OCCUR?			
22. I hereby certify that I attended the deceased from	1	, 19N.J. to Kl	Ee. C, 1910, 1	that I last	saw the de	ecease
alive on local, 1905, and that death occursionature	A	ADDRESS	causes and on		tated above SIGNED	>
	F CEMETER	RY OR CREMATORY	LOCATION (Ci	ty, town, or		State
REMOVAL (SPECIFY)	nomas	Cemetery	Croom		M	d.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		24. FUNERAL DI	RECTOR		ADDRESS	
REGISTRAR JOHN F. Danner		Ritchie B	ros. Upp	er Mar	lboro,	Md.

BUREAU V. S.

DEC 14 1955

DECEINED

Reg. Dist. No.

Ritchie Bros. Upper Marlboro, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: Pr. Ged's. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) Mitchellville (If rural give location) DATE (Month) (Day) (Year) DEATH: 19 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? Washington, D. C. U.S.A. 14. MOTHER'S MAIDEN NAME: Annie E. Steele 17. INFORMANT & ADDRESS: Gladys Marie Gray 64th Place, Maryland Park. Md. INTERVAL BETWEEN ONSET AND DEATH Corebral Hemankege Hypertensive Cardio-STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY, street, office bldg., etc. 21B. PLACE (Home, farm, factory, 21c, WHERE DID (State) (County) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work 22. I hereby certify that I attended the deceased from to pee. 19. , that I last saw the deceased alive on Picc 22, 1955, and that death occurred at M, from the causes and on the date stated above. SIGNATURE DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURAL, CREMATION. REMOVAL (SPECIFY) Mt. Oak Cemetery Mitchellville, 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

A15 v2 important.

PLAINLY

WRITE

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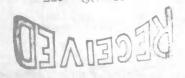
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DECELVED 8 1956
2 .V UABRUA . S.

	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12282 CERTIFICATE OF DEATH Reg. Dist.	12309 No.
8.8	fully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASED	);
1	n carefully d legibly.	COUNTY RINCE GEORGE MARYLAND STATE NORMAND COUNTY TINCE  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest town)  CITY(If outside corporate limits, write RURAL a OR	nd give nearest town)
	every item of information auses of death clearly and	HOSPITAL OR STREET (If rural give location)	- X
	m of informa death clearly	Minstitution or Prince Geo. Gen. Hosp. ADDRESS ROUTE 1	
	of in	DECEASED	(Year) (Year) 9 19.55-
	item of des	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   F UNDER   Y	1.40-
	ery i	Temale White (Specify) widows July 20, 1888 67 yrs. Hours 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
NG		even if retired): nousewife maryland	U.S.A.
BINDING	Supply te the	13. FATHER'S NAME: Victoria Richards	on
FOR E	INK. Su se write	18. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates no of service)  18. Social Security No.  17. INFORMANT & ADDRESS:  18. Social Security No.  17. INFORMANT & ADDRESS:  18. Social Security No.	nd.
		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
RESERVED	Ū	600 GIMMEDIATE CAUSE (A) UROMIN	· 3 weeks
RESI	UNF	ANTECEDENT CAUSE (S)  DUE TO	6 month.
	WITH UNFA	GIVING RISE TO THE ABOVE CAUSE DUE TO 'STATING LINDERLYING CAUSE LAST.	4
MARGIN	WI nt.	(c) Chronic Pyelo nophritis	8 months
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
I	4	191. Date of Operation: 198. MAJOR FINDINGS OF OPERATION 12/3/5)- Biliteral Kensl Colculi	20. AUTOPSY?
1	-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (Count	(State)
		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
	o o o	22. I hereby certify that I attended the deceased from 12/2/55, 19, to 12/19/51, 19, that I last	saw the deceased
- 53	0.	alive on 161(1/13, 19, and that death occurred at common the causes and on the date	stated above. TE SIGNED
1	SE	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	2/19/5)- county) (State)
A15	PLEA	Bureal 12-21-55 Christ Church Cem Clinton, VI	mylong
N Si	Ы	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 53 W.W.Chambers 60 Was	honglan be



JEC 88 1952

BUREAU V. S.

VS. A15

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12221 CERTIFICATE OF DEATH

Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Truce Jeorges MARYLAND	STATE Wayland COUNTY Pr. Ges.	
CITY (If outside corporate limits weits BUBALLIENCTH OF STAV	CITY (If outside corporate limits, write RURAL and give nearest town	
OR and give nearest town) (in this place)	TOWN Wit. Ramer 16	
IIOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural give location)	
STREET ADDRESS 2405 FIRUNDEL NO	ADDRESS 2405 arundel St.	
1-21	(Last) SR 4. DATE (Month) (Day) (Year) OF DEATH: DEC. 19 19 55	
5. SEX: S. COLOR OR RACE; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE	OF BIRTII: 9. AGE last birthday: If UNDER I YEAR IF UNDER 24 HRS Months   Days   Hours   Min.	
MAIF WHITE (Specify):	2 / 10 - 775	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF Work done during most of working life.		
even if retired): CLERK WASH REFRIGERATION	CO CHARLES CO. MD. V.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
THOMAS W. WRIGHT	EMMA JANE MILLSTEAD	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.:   17.	INFORMANT & ADDRESS:	
VES service) W. W. # 1 220-01-0865	1204 DALEWOOD DR. SILVERSPRING MA	
18. MEDICAL CERTIFICATI		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Dear	
Immediate cause (a) date	myo cardial Infantion 2-hours	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, (b)  Coreonary	Artery Green 1 4 cars	
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	
<u> </u>	Yes No 🖟	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While INJURY   Mork   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	9,19 55, to Dec. 19, 19 55, that I last saw the deceased	
	3 30 AM., from the causes and on the date stated above.	
(Degree of title)	ADDRESS // DATE SIGNED	
Musla J'Lean, Get 431	79	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) / (State)	
	TIDNAL CEMETERY FRINCE GEORGES CO. MA.  124. FUNERAL DIRECTOR  ADDRESS	
REGISTRAR	24. FUNERAL DIRECTOR ADDRESS	
old 19/55 Thank Section	El. H. Hine Co, Wastington T. D.	
The year yearing		



DEC SI 1922

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12283 CERTIFICATE OF DEATH

Reg. Dist. No. 2 72.

1. PLACE OF PEATH:		2. USUAL RESIDENCE (HOME) OF DEGE	AQED:
COUNTY Muce Ser	MILSMARYLAND	STATE MA COUNTY	and Hool
OR and give nearest town	RURAL LENGTH OF STAY	CITY If outside torporate limits, write HOR	AL and give nearest www
3 TOWN Chevelle	2 6 Mo-SJ1	motown (1,N/On	X
HOSPITAL OR	4 01 1 100	ADDRESS / / (If rural-give loca	tion)
STREET ADDRESS TUNCE &	+Wygs 1479	My KIT! 1206	100
3. NAME OF DECEASED: (Type or Print)	(Midd)é)	(Last) 4. DATE (Morfth) OF DEATH: / _	(Day) (Year)
5. SEX 6. COLOR OR 7. SINGLE WIDOW (Specify)	MARRIED. 8 DATE	OF BURTH: 9 9. AGE last birthday Month	B Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
lenh.		link.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)		Hospital Record	
I DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
260 X	LEADING TO BEATH	alishus	ONSET AND DEATH
IMMEDIATE CAUSE	(A) brown	and fullinguise	1 neek
ANTECEDENT CAUSE (8)	DUE TO D	di a a a a a a a i .	100
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Vealle	fee accaous	1 Hays
STATING UNDERLYING CAUSE LAST.	(c) Dishe	Les melleties	10 years
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE MAND	cardial Superch	ion / Does.
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N T T	20. AUTOPSY?
			YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fact FINJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (City or town) (City or town)	County) (State)
2ID. TIME (Month) (Day) (Year) (Hour)   OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	& deceased from	1/, 1935, to Dee //., 19 1 that I	last saw the deceased
DOM 11 19 //		5 M, from the causes and on the di	
SIGNATURE XIA	06 4 /	ADDRESS Carrier M	DATE SIGNED
23. BURIAL, CREMATION,   DATE THERE		ERY OR CREMATORY   LOCATION (City, town	n, or county) (State)
Burial (SPECIFY)	55 Chista	Cem. Clinton	13. Des onde
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 13-55 Carrie	amphell.	Mulle K. Kallin 4339	Huntrel: h.E.

VS. A15 -- 10 - 53

PLEASE TYPE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully

MECEDAED

DEC 48 1822

Z .V UABRUN . Z.